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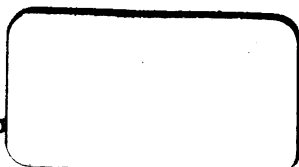
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The Gift of



AN
INDEX OF SYMPTOMS

AN INDEX OF SYMPTOMS

PRESS OPINIONS

LANCET.—‘It is undoubtedly a most useful compilation, and wonderfully complete. . . . The chapter on Methods of Diagnosis is particularly good. . . . The author is to be congratulated upon the happy thought which prompted him.’

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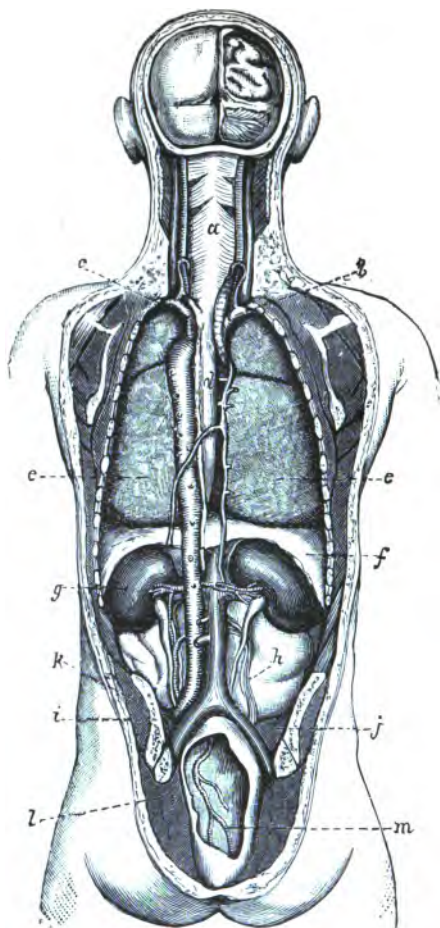


FIG. 1.—VIEW OF THE VISCERA &c. FROM BEHIND
(Treves after Rüdinger)

a, pharynx; *b*, innominate artery; *c*, subclavian artery; *d*, cesophagus, with the aorta and thoracic duct on one side and the azygos vein on the other; *e*, lungs; *f*, diaphragm covering liver; *g*, kidney; *h*, on peritoneum, points to spermatic vessels crossed by ureter; *i*, os innominatum above sacro-iliac synchondrosis; *j*, psoas; *k*, gluteus medius; *l*, gluteus maximus *m*, rectum and superior hæmorrhoidal artery

AN
INDEX OF SYMPTOMS

AS A CLEW TO DIAGNOSIS

BY

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AUTHOR OF 'SYPHONAGE IN THE LARGE INTESTINE'

Nihil humani a me alienum puto

THIRD EDITION

NEW YORK
WILLIAM WOOD AND COMPANY
MDCCCCVII

HARVARD UNIVERSITY
SCHOOL OF MEDICINE AND PUBLIC HEALTH

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PREFACE

TO

THE THIRD EDITION

THE present edition contains about fifty new symptoms, and the lists of diseases have been made still more complete.

I have been gratified to find that all sections of the profession have found it useful. Students test their knowledge by it, employing it, indeed, much as the self-taught linguist employs a key, and they find it useful as a pocket companion in the wards of the hospital. To the general practitioner it is a prompt book; to the physician a reminder of things surgical; to the surgeon it recalls forgotten medicine; while to the specialist it revives his knowledge of things outside his own specialty. A well-known physician, whom I found studying its columns, told me he was

getting up a clinical lecture! If any one thinks it unnecessary on the ground that he has all this knowledge in his head, let him make out a list in which *e.g.* the spleen is enlarged and compare it with that given here.

R. W. L.

32 BUCKINGHAM GATE, S.W.

PREFACE

TO

THE SECOND EDITION

THE present edition has been re-written and will be found superior to the first in many points. The limitations as to surgery and its allies no longer hold good to the same extent, everything that has any bearing upon medicine proper having been included. Apart from the domain of the specialist, it is believed that almost every known symptom has been embodied here, in one form or another. The reader, however, must not expect to find a dictionary of etiology as well as of symptoms.

The labour involved in the production and revisal of this little work has been out of proportion to its size. The writer of a small handbook of Medicine need do little more than condense the work of his predecessors. But this book has had no forerunner, and its preparation has necessitated not only the arrangement and classification of symptoms, but the scrutiny of many hundreds of the works of the best English, American, French, and German authors. One of the greatest difficulties has been erratic nomen-

clature. Probably writers find the list of the College of Physicians insufficiently comprehensive. Where, therefore, a doubt exists as to whether two differently named diseases are identical, the writer who favours duality has been followed. In order to mitigate the difficulty a page of synonyms has been added.

The long list of diseases following a given symptom, while offering no difficulty to the experienced, must have a bewildering effect upon the novice. A star, therefore, has been placed against the probable or characteristic disease. Every effort too has been made to facilitate reference, each symptom having been numbered, and the index made more copious, while the general arrangement has taken the columnar form.

The writer takes this opportunity to thank the numerous members of the profession who have expressed their appreciation of his work, and to make his grateful acknowledgments to the authors whose writings have been utilised.

R. W. L.

PREFACE

TO

THE FIRST EDITION

(*Abridged*)

THE physician, in endeavouring to make a diagnosis, seizes first upon a few prominent features, which will enable him to say that the disease is one of, perhaps, a dozen. He then looks carefully for further symptoms, and these, by a process of exclusion, gradually point to but one ailment. Should he find himself at fault, and conclude that no disease, with which he is familiar, is consistent with the particular grouping of symptoms in the case before him, he naturally refers to his books. Here he meets with a fresh difficulty; for, in his text-books of medicine, in his Dictionary of Medicine, and even in his Handbook of Diagnosis, he finds, with rare exceptions, that diseases, not symptoms, form the headings; the order being therefore the exact reverse of that which takes place in his own brain. He has consequently to wade through page after page and book after book before he succeeds, or is satisfied that he has failed, in the object of his search.

A student, in consulting this little work, should

have at hand a Dictionary of Medicine, and for this purpose none is better than Quain's, to the contributors to which the author is under great obligations, not only for their articles, but also for their separate published works. Should something more portable be desired, Tanner's 'Index of Diseases' would answer the purpose.

It must not be supposed that each symptom is met with constantly in all the diseases placed after it. The author's presumption is that the physician in a difficulty is asking the question, 'To what disease or condition *may* this symptom point?' An attempt has been made to indicate in some measure the relative frequency of occurrence, and by other information to assist in differential diagnosis. But surgical diseases and those on its borderland, as laryngeal, skin, and uterine affections, where the diagnosis so much depends on the skilled interpretation of a single symptom, are less suited for classification, and have therefore been inserted chiefly where their omission might have led to error. The word 'symptom,' it is scarcely necessary to say, is taken in its broadest sense, and includes every factor in the diagnosis.

R. W. L.

LONDON.

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AN INDEX OF SYMPTOMS

INTRODUCTION

1. Diagnosis is the most difficult part of the art of Medicine, and he who would excel in it must be well equipped both intellectually and physically. His ear must appreciate the finest distinctions of sound, in intensity, pitch, and tempo; his eye must note every variation in outline, movement, and colour; his sense of touch must distinguish every little difference of surface and form, and even his sense of smell must be well developed. Further, in addition to the natural employment of his senses, he must be skilled in the use of the various instruments and devices which have been introduced for the extension of their scope. On the intellectual side, his powers of judgment and comparison must be considerable; for it is not only by a knowledge of all the symptoms of a given disease that a correct diagnosis is made; it is necessary also to apportion the due weight and value of each symptom. But there is still another faculty, the possession of which is indispensable to the physician who would deal successfully with a new problem or a new combination. This, the mind's eye, must be so powerful as to enable him to form a clear mental picture of the various parts and organs of the body,

not as he sees them in the dissecting-room or the post-mortem theatre, but as they are in life with all their functions, their movements, and their interdependence. Operations give some idea of these ; but the lesson is marred by the paralysing effect of the anæsthetic. What a difference must Life make to our ideas of the thorax and its contents—the expansion and shrinking of the lungs, the rising and falling of the diaphragm and of the ribs, the mighty contractions of the heart ! How marvellous, too, must appear the harmonious co-ordination of the many muscles used in a complex voluntary act—some slightly, some moderately, and some fully contracted !

To complete the equipment of the ideal diagnostician, something resembling legal acumen should be added, by the aid of which the statements of the patient and those of his friends may be so sifted that only the truth remains. A good rule is to ask no leading questions, for in this way the fallacy of ‘suggestion’ may be avoided ; but with stupid people it is not always possible to avoid framing a question so as to get ‘yes’ or ‘no’ for an answer—at least not without much loss of time.

2. Patients in this connection may be classified into four divisions : the pessimistic, the optimistic, the complaisant, and the mendacious. The pessimistic patient is usually either hysterical or ‘liverish.’ The former will speak with a cheerful countenance of agony endured ; the latter, like Rachel, refuses to be comforted. The optimist is perhaps still more misleading, for he commonly fails to mention more than half his complaints and passes lightly over the others ; the statements of such patients should be checked by the results of a private interview with the nearest

20 relation. The complaisant patient is one who, instead of the correct answer, gives that which he imagines is in the mind of the questioner. Is it a libel to say that he usually hails from the Emerald Isle? The mendacious class of patients, or perhaps more commonly of their friends, is found chiefly among the poorer hospital patients. With the exception of malingerers and fraudulent claimants for compensation, they are not wilfully untruthful; but, by dint of exaggeration, misrepresentation, and omission, they often end in being very misleading. Especially to be mistrusted is their statement of the views and diagnosis of the previous medical attendant. This should always be listened to with discreet silence. Even when such statements are correct and the diagnosis—thanks perhaps to the late appearance of an important symptom—is obviously wrong, it is only charitable to remember the difficulties under which the ill-paid doctor, by whom such patients are usually sent to the hospital, labours. Shown into a badly lighted room, his patient lying on a heavy bed, so placed as to be approachable only on one side, a child squalling near, a hawker shouting outside, he is called upon to make an immediate diagnosis. He thinks, with a sigh, of the successful physician under whom he served, surrounded by deft nurses and clinical assistants in a clean, light, and silent ward with narrow beds. He thinks of the head-boards upon which the diagnosis, often non-committal, was inserted only the day before the patient's discharge, and then proceeds to give his opinion of the case. Is it wonderful that he makes mistakes? Let him that is without sin in this respect, and no other, cast a stone. After all, the most accurate diagnoses are those which are arrived at by the

joint labours of the consultant and the practitioner in attendance. The knowledge of the one is deep, of the other broad; and the latter has often the advantage of knowing what his patient was like in health. A few words here may be useful on the Fallacies of Diagnosis.

3. The Fallacy of Suggestion has been already referred to. If it be true that suggestion can remove pain, it is no less true that it is capable of creating not only pain, but other nervous symptoms. To ask a neurotic patient day after day if a given pain or spasm have extended to another part, is just the way to make it do so.

4. The Fallacy of Antecedent Disease.—This is most likely to arise in a case of coma, or when the patient is otherwise unable to speak. An old facial paralysis or squint in the subject of alcoholic coma would be very liable to lead to a diagnosis of apoplexy. Similarly, old emphysema may conceal a dilated heart, and a real tumour in the abdomen may be hidden by a faecal accumulation. I have seen this happen in a case of hydronephrosis, the nature of which only became evident when the bowel was cleared.

5. The Fallacy of Concurrent Disease.—An instance of this may be found when a chronic disease is mistaken for an acute one, owing to its association with simple tonsillitis or other unimportant condition involving a rise of temperature. I have known a clear case of gout diagnosed as gonorrhœal rheumatism because a urethral discharge was present. It is not to be expected that gonorrhœa would confer immunity from gout.

6. The Fallacy of Obsession.—It is very curious to notice that when a practitioner's mind is full of a

certain disease—whether by a recent personal experience, a striking instance of a somewhat rare disease in his own practice, or even a noticeable discussion upon a given disease in the medical papers—a run of such cases is likely to follow. In the course of a few months several instances may crop up of a rare non-infectious disease, no instance of which has been met with for perhaps the previous ten years. Coincidence might account for a second case, but not for a third or a fourth case. The fact is, the diagnosis is faulty, and the fault is due to obsession. Appendicitis is very much in our thoughts just now, and I believe many abdominal affections are erroneously diagnosed as such by reason of this obsession. Again, when influenza was so rife, any acute disease beginning with pain in the head and limbs and shivering was liable to be attributed to it, much to the after discomfiture of the physician when the nature of the case became clear. This is the fallacy that besets the specialist, who is much too prone to find his own specialty in the case before him—to the exclusion of something far more important.

7. The Fallacy of Perspective.—This, according to the reviewer of this work in the 'Lancet,' 'should be in everyone's mind.' It is of two kinds. That of the old general practitioner lies in the assumption that his patient is the subject of some common disorder; that of the advanced student and the junior consultant, that the patient is the subject of a rare disease. Hospitals are centres for rare diseases, and the one class sees too few, the other too many of them.

8. The Fallacy of Variations within the Normal.—A whole book might be written on this subject. Pathognomonic symptoms are exceedingly rare, and it may

be affirmed as a general proposition, to which there are but few exceptions, that any variation which is absolutely unsupported by other evidence pointing to disease must be considered either normal or accidental. The usual formula with the laity is that such and such a peculiarity is constitutional. I remember being called, one summer evening, to see an American lady. The light was bad, but I thought she looked somewhat sallow. I told her so, and was informed that her complexion was naturally perhaps a little sallow. The next day I discovered she was a half-caste! Many individuals go through life with a slow pulse, a furred or fissured tongue, or contracted pupils, and are none the worse for these variations. Others show habitually hyaline casts or present some solitary physical sign of no significance.

9. The Fallacy of the Personal Equation.—This is of two kinds: that of the physician and that of the patient. The latter has been already dealt with in the paragraph on the classification of patients. The temperament of the doctor is apt to affect his diagnosis. While the cheery optimist refuses to believe until perhaps too late that his patient is the subject of a grave disease, the dismal doctor harrows unnecessarily the friends' feelings by his gloomy fears. Not only so, but even the same doctor, bright and fresh in the morning, may feel none of the forebodings which hampered his judgment when tired out and hungry overnight. In confirmation of this I have heard it whispered that candidates for examination come off better after the examiners have refreshed themselves.

10. The Fallacy of Transferred Pain.—This is a common source of error. Where it depends upon well-

known physiological laws, as in the case of pain in the knee in hip-joint disease, the difficulty is small ; but in other cases, such as the pain in the shoulder which occurs in disease of the colon, and still more when the pain and even the tenderness are referred to the *opposite* side, the difficulty, in the absence of objective symptoms, may be insurmountable.

PART I

INTERROGATION, INCLUDING SUBJECTIVE SYMPTOMS

CONTRACTIONS : s, sometimes ; u, usually ; x, exceptionally ; i, first stage ; ii, second stage ; iii, third stage ; *, the most probable or characteristic disease.

AGE

11. In the absence of direct information, it may be necessary to form an estimate of the patient's age. But, since illness frequently produces similar appearances, this is not always an easy matter. The best guide, perhaps, is the texture of the skin ; this becomes more and more inelastic and, later, more and more leathery, as age advances. Wrinkles are a guide to some extent ; but they develop prematurely in those much given to laughter or gesticulation. In women the advent of the menopause is often indicated by the growth of hair on the chin and upper lip ; and, in both sexes, middle age may be betrayed by a certain stiffness at the hip joints in walking. Grey hairs usually begin to appear about the fortieth year, but they are not very marked for ten or twelve years after that ; premature greyness, however, is common enough, and is then usually hereditary. The tortuous temporal artery and the *arcus senilis* are not necessarily con-

finer to old age; indeed, thanks to the very general use of artificial teeth, the classical signs of old age are rarely seen except amongst the very poor.

12. The Examination of Children presents many difficulties. The first thing to do is to endeavour to get the child's confidence. For this purpose the practitioner must give him time to get used to his presence by getting all the information possible from the nurse or mother. He may then ask the child to shake hands, and can surreptitiously feel the pulse at the same time. If the suspicious patient will not put out his tongue, he will probably open his mouth when asked, and this will do nearly as well; the opportunity may then be taken to pass the finger rapidly over the gums. The chest should next be listened to, and if a single stethoscope is employed, the child should previously have been allowed to examine it under the specious name of trumpet. Percussion should follow, not precede, auscultation, and, as a rule, one finger only is necessary to form the plessor. The throat may be examined by using the handle of a teaspoon as a tongue-depressor; the examination nearly always sets the child crying, but this is of less importance now, as the ordeal is nearly over, and the cry affords an opportunity to determine the vocal fremitus and resonance.

The symptoms of disease present certain modifications when affecting children. Thus, the pain of lobar pneumonia is often referred to the epigastrium, and the disease itself may affect the apex instead of the base. The rigor of onset is often replaced by convulsions. Vomiting is exceptionally common in children, perhaps from the more vertical position of the stomach, and this and diarrhoea are remarkable

for the rapid wasting by which they are followed. The whoop of pertussis is often absent in young infants, and in all children it usually disappears temporarily during an attack of measles. Other peculiarities will be found noted in the interlineations of the text.

13. Congenital Affections

Some diseases will be found under more than one age-heading.

Achondroplasia
 Angeiomata
 Atelectasis
 Buhl's Disease
 Dislocations of Hip, etc.
 Facial Hemiatrophy
 Hæmophilia
 Hydrocephalus
 Infantile Hemiplegia ($\frac{1}{3}$)
 Ichthyosis
 Idiocy
 Icterus neonatorum
 Little's Disease
 Malformations
 Multiple Osteomata
 Nævi
 Pemphigus
 Progressive Muscular
 Atrophy
 Pseudo - hypertrophic
 Paralysis (x)
 Pylorus, Hypertrophy of
 Ritter's Disease
 Sclerema

Syringomyelia (x)
 Syphilis
 Tetanus neonatorum
 Thomsen's Disease
 Winkel's Disease

14. Infancy

Amyloid
 Broncho-pneumonia
 Bronchitis
 Convulsions
 Cretinism
 Diarrhœa
 Diphtheria, Laryngeal
 Erythema Infectiosum
 Glandular Fever
 Hydrocephalus
 Hydrocephalus, Spuri-
 ous
 Impetigo contagiosa
 Infantile Hemiplegia
 Intertrigo
 Intussusception
 Laryngismus stridulus

INFANCY—continued

Laryngitis, Spasmodic

Measles

Infantile Paralysis

Post-pharyngeal

Abscess

Rickets

Rötheln

Scarlatina

Infantile Scurvy

Seborrhœa

Spasmus nutans

Strophulus

Hereditary Syphilis

it appears at 2 to 6 weeks

Syphilitic Pemphigus

Syphilitic Disease of
Lungs

Tetany

Varicella

15. Childhood

Adenoids

Amyloid

Broncho-pneumonia

Bronchitis

Cataract, Soft

Chorea

Chloroma

Chondromata

Cerebro-spinal Menin-
gitisCirrhosis, Hypertrophic
Biliary

Convulsions

Coxa vara

Diphtheria

Encephaloid

Endocarditis

Enteric Fever

Epilepsy

Erythema Infectiosum

Exophthalmic Göttré

Facial Hemiatrophy

Floating Kidney (x)

Friedreich's Disease

Glandular Fever

Glands, Enlarged

'Growth Fever'

Hæmophilia

Hooping-Cough

Hydrocephalus

Impetigo contagiosa

Intussusception

Laryngismus stridulus

Little's Disease

under 5

Lumbrici

Measles

Meningitis

Mumps

Myeloma

Noma

Edema laryngis

Post-pharyngeal Abs-
cess (under 4)Pseudo-hypertrophic
Paralysis**14-15**

CHILDHOOD—*continued*Paralysis, Infantile (u.
under 5)

Rhinitis, Atrophic

Rheumatic Nodules

Rickets

Ringworm

Roseola

Rötheln

Roundworms

Sarcoma, Renal

Scarlatina

Tetany

Thomsen's Disease (4
to 6)

Tubercle of Bones, etc.

Tubercular Tumours of
Brain

Threadworms

Varicella

16. Adolescence

Acne

Addison's Disease

Anæmia

Apoplexy (Spinal)

Appendicitis

Cerebellar Ataxy

Cerebral Embolism

Cerebral Thrombosis

Catalepsy

Chlorosis

Chloroma

Coxa vara

Chondroma

Dementia, Ac. Primary

Diabetes Insipidus

Diphtheria

Endocarditis

Enteric Fever

Epilepsy

Exophthalmic Goitre

Exostosis

Friedreich's Disease

Glandular Swellings

Goitre

Hysteria

Meningitis of all kinds

Mumps

Mollities Ossium

Myeloma

Myocarditis

Myomata

Myxœdema

Œdema laryngis

Periodic Paralysis

Phthisis

Pharyngomycosis

Progressive Muscular

Atrophy (x)

Rheumatic Fever

Rhachitis adolescen-
tium

Rhinitis, Atrophic

Spasmodic Spinal Para-
lysis

Rötheln

Seborrhœa

Sacro-iliac Disease

ADOLESCENCE—continued

Softening of Brain from Emboli

Syringomyelia
onset

Tuberculosis, Acute

Trance

Ulcer of Stomach

17. Adults

Actinomycosis (20 to 30)

Appendicitis

Cerebral Abscess

Cerebral Embolism

Disseminated Sclerosis

Endocarditis

Gastralgia

Hæmorrhage into Cord

Myomata

Periodic Paralysis

Pharyngomycosis

Phthisis

Primary Spastic Paraplegia (20 to 40)

Paralysis, Ac. Ascending

Peliosis rheumatica

Progressive Muscular Atrophy

Rheumatism, Acute

Symmetrical Adenolipomatosis

Serratus Magnus Palsy (25 to 40)

Syringomyelia (15 to 35)

Tuberculosis, Acute.

Ulcer of Stomach

Ulcer of Bladder

Yellow Atrophy, Acute

18. Middle Age

Addison's Disease

Aneurysm

Angina Pectoris

Apoplexy

Cancer of Stomach,
Liver, Larynx, Rec-
tum, Uterus, or Breast

Cerebral Abscess

Cerebral Embolism

Cirrhosis of Liver or
Kidney

Cystic Kidney

Diabetes

Dupuytren's Contraction

Dissecting Aneurysm

Endocarditis

Epithelioma

Exophthalmic Goitre

Fatty Degeneration of
Heart

Gallstones

Gout

Hæmorrhage into Cord

Hypochondriasis

Korsakoff's Disease

Leukæmia

Locomotor Ataxy

Melancholia

Mollities Ossium

Myomata

MIDDLE AGE—continued

Myelitis
 Myxœdema
 Nephritis, Chronic
 Pernicious Anæmia
 Progressive Muscular
 Atrophy (u. 25 to 45)
 Paralysis, Ac. Ascending
 Paraplegia, Ataxic
 Primary Spastic Para-
 plegia
 Paralysis agitans
 over 40
 Paralysis, General
 Paralysis, Bulbar
 Poliomyelitis, Anterior
 Sclerosis, Disseminated
 Symmetrical Adeno-
 lipomatosis (20 to 58)
 Sciatica
 Spinal Meningeal
 Hæmorrhage
 Stricture of Rectum
 Serratus Magnus Palsy
 Syringomyelia
 Tumours, Intracranial
 except tubercular
 Ulcer of Stomach
 Ulcer of Colon
 Weil's Disease
 Yellow Atrophy, Acute

19. Old Age

Aortitis
 Apoplexy
 u. over 50

Arterio-sclerosis
 Aneurysm
 Angina Pectoris
 Brachial Neuritis
 Bronchitis
 Capillary Bronchitis
 Cataract
 Cancer
 Cancer of Larynx
 Cerebral Thrombosis
 Chorea, Senile
 Diarrhœa
 Dissecting Aneurysm
 Ecthyma
 Epithelioma
 Exophthalmic Goitre
 in men
 Fatty Degeneration of
 Heart
 Gangrene
 Gout
 Melancholia
 Paralysis agitans
 Phthiriasis
 Pachymeningitis
 over 50
 Prostatic Disease
 Pemphigus
 Pruritus
 Sciatica
 Thrombosis
 Ulcer, Rodent

PREDOMINANT SEX

Irrespective of structural differences.

20. Male

Aneurysm in General
 Abdominal Aneurysm $\frac{8}{1}$
 Amyotrophic Lat. Sclerosis
 Addison's Disease $\frac{2}{1}$
 Angina Pectoris
 Angeioneurotic Oedema
 Alcoholism
 Actinomycosis $\frac{3}{1}$
 Aortitis
 Appendicitis $\frac{7}{3}$
 Apoplexy
 Acute Ascending Paralysis $\frac{2}{1}$
 Bulbar Paralysis
 Cancer of Rectum or Stomach
 Cancer of Kidney
 Cerebro-spinal Meningitis
 Cerebral Abscess
 Cystic Kidney $\frac{2}{1}$
 Cirrhosis of Liver $\frac{3}{1}$
 Cirrhosis of Kidney $\frac{2}{1}$
 Cirrhosis of Stomach
 Chloroma $\frac{1}{7}$
 Colour-blindness
 Diabetes $\frac{2}{1}$

Diabetes Insipidus $\frac{2}{1}$
 Dupuytren's Contraction $\frac{2}{10}$
 Emphysema
 Enteric Fever
 Epilepsy
 Exostosis
 Fatty Degeneration of Heart $\frac{2}{1}$
 Gastritis, Chronic
 Gout
 Hæmorrhage into Cord
 Hypertrophy of Heart
 Hæmatoma Auris
 Hæmophilia $\frac{1}{1}$
 Hypochondriasis
 Intermittent Hæmoglobinuria
 Intussusception
 Laryngeal Affections
 Leukæmia $\frac{2}{1}$
 Lymphadenoma $\frac{3}{1}$
 Meningitis Simplex $\frac{2}{1}$
 Meningitis, Cerebro-spinal
 Meningitis, Int. Spinal
 Mumps
 Myocarditis
 Pancreatitis
 Pachymeningitis

MALE—continued

Paralysis agitans
 Paraplegia, Ataxic
 Peliosis rheumatica
 Pneumonia
 Paralysis, General
 Prog. Muscular Atrophy
 Pseudo-hypertrophic
 Paralysis
 Spasmodic Spinal Para-
 lysis
 Siringomyelia $\frac{1}{2}$
 Serratus Magnus
 Palsy $\frac{1}{2}$
 Thomsen's Disease
 Tooth's Paralysis
 Ulcerative Endo-
 carditis $\frac{1}{2}$
 Valvular Disease
 Weil's Disease

21. Female

Acroparæsthesia
 Adiposis Dolorosa
 Anæmia
 Atrophy of Heart $\frac{1}{2}$
 Atrophy, Acute Yellow
 especially during pregnancy
 Chr. Atroph. Rhinitis $\frac{1}{2}$
 Catalepsy

Chorea $\frac{3}{4}$
 Constipation
 Chlorosis
 Dementia, Ac. Primary
 Diphtheria
 Disseminated Sclerosis
 Enteroptosis $\frac{1}{2}$ ⁵
 Erythema nodosum
 Facial Hemiatrophy
 Floating Kidney
 Gastralgia
 Gallstones $\frac{1}{2}$
 Gottre
 Gottre, Exophthalmic
 Hysteria
 Lupus Erythematosus $\frac{1}{2}$
 Membranous Colitis
 Mitral Stenosis
 Mollities Ossium $\frac{3}{4}$ ⁰
 Myxœdema
 Neurasthenia
 Neuralgia
 Pharyngomycosis
 Pulsating Aorta
 Raynaud's Disease
 Stricture of Rectum
 Scleroderma
 Trance
 Tubercular Peritonitis $\frac{1}{2}$
 Ulcer of Stomach

OCCUPATION

It may be necessary to know the past as well as the present occupation.

22. Active

Aneurysm
Dislocations
Fractures
Hernia
Pneumonia, Acute
Rheumatic Fever
Rupture of Valve Cusp
Tetanus

23. Sedentary

Anæmia
Chlorosis
Constipation
Dyspepsia
Gastritis
Gallstones
Gout
Hæmorrhoids
Hysteria
Hypochondriasis
Neuroses
Obesity
Phthisis
Ulcer of Stomach

24. Trades

Brass Founders:
Pseudo-Ague
Boiler Makers:
Deafness

Bakers
Grocers
Bricklayers } Lichen
 } agrius
Bichromate Workers:
Ulcers, Erosion of
Nasal Septum

Painters
Dyers
Potters
Glass
Polishers } Lead-
 } poisoning,
Plumbers } Gout
White-lead
Makers }

Cooks: Eczema, Erythema

India-rubber Workers:
Amaurosis, Temporary
Hysteria and
Mania, Peripheral
Neuritis

Dusty Trades: Cirrhosis
of Lungs, Chronic
Laryngitis

Miners: Phthisis, Anky-
lostomiasis, Nystag-
mus

Domestic Servants: An-
æmia, Gastric Ulcer
Erythema nodosum

TRADES—continued

Skin Dressers } Anthrax
Wool Sorters }

Sweeps : Cancer of Scrotum

Furriers : Arsenic-poisoning, Mercurialism

Felt-hat Makers : Mercurialism

Corn Trades : Actinomycosis, Aspergillosis

Bird Fanciers : Psittacosis, Aspergillosis

Divers : Caisson Disease

Match Makers : Phosphorus-poisoning

Electric-light Workers : Conjunctivitis

Standing Occupations :
 Varicose Veins

25. Occupation Neuroses

Clerks : Writer's Cramp

Cornet Players } Laryngeal
Elocutionists } Spasm

Flautists }

Ballet Dancers }

Hammermen }

Pianists }

Telegraphists } Clonic
 & Tonic
 Spasms

Violinists }

Typists }

Tailors }

Sempstresses }

Shoemakers }

26. HISTORY.

A good deal of care is necessary to obtain accurate results, especially with uneducated people. A 'cold,' given as the cause of death, may be ascertained by questions as to duration, wasting, cough, or hæmoptysis, to have been in reality *phthisis*. 'A complication of diseases' will be found generally to include dropsy; and a few appropriate questions will usually elicit such information as will determine whether this was renal, cardiac, hepatic, or pulmonary. A statement of the causes of the deaths in the family is, however, not sufficient. Inquiry must be made whether any living member of the family is suffering from hereditary disease, and cross-heredity, such as from epilepsy to insanity, must be borne in mind.

27. Hereditary Diseases

Acne
 Adiposis Dolorosa
 Arterio-sclerosis
 Asthma, Hay
 Asthma, Spasmodic
 Apoplexy
 Cancer
 Calculus
 Colour-blindness, Cong.
 Degenerative Affections
 in general
 Diabetes
 Diabetes Insipidus
 Disseminated Sclerosis
 Dupuytren's Contraction
 Epilepsy
 Eczema
 Emphysema
 Friedreich's Disease
 Facial Hemiatrophy
 (s)
 Gout
 Hæmophilia
 Hereditary Cerebellar
 Ataxy
 Hernia
 rt. side if paternal
 Huntington's Chorea
 Heart Disease
 Hysteria
 Hydrocephalus
 Hypochondriasis

Ichthyosis
 Insanity
 Landouzy's Paralysis
 Laryngismus stridulus
 Leprosy (?)
 Lichen
 Malformations
 Migraine
 Neuroses
 Nævus
 Nephritis
 Neurasthenia
 Œdema, Circumscribed
 Obesity
 Paramyoclonus, Multiplex
 Primary Spastic Paraplegia
 Phthisis
 Progressive Muscular
 Atrophy
 Psoriasis
 Periodic Paralysis
 Pseudo-hypertrophic
 Paralysis
 Retinitis Pigmentosa
 Rheumatism
 Rheumatoid Arthritis
 Rheumatic Fever
 Senility, Early
 Syphilis
 Thomsen's Disease
 Tetany
 Tumours

HEREDITARY DISEASES— *continued*

Tooth's Paralysis

Tuberculosis

28. Familial Diseases

Friedreich's Disease

Hereditary Cerebellar
Ataxia

Ichthyosis

Periodic Paralysis

Pseudo-hypertrophic
Paralysis

boys

Retinitis Pigmentosa

Spastic Paraplegia (s)

Xeroderma Pigmento-
sum

29. Previous Attack Favours

Ague

Angina Pectoris

Appendicitis

Apoplexy

Asthma, Hay

Asthma, Spasmodic

Bronchitis

Delirium Tremens

Epilepsy

Erysipelas

Gout

Gallstones

Hæmoglobinuria, Inter-
mittent

Influenza

Lead-poisoning

Migraine

Neuralgia

Pneumonia

Quinsy

Renal Colic

Rheumatism

Rheumatic Fever

Tonsillitis

30. Previous Attack makes Doubtful

Enteric

Hooping-Cough

Measles

Mumps

Rötheln

Scarlatina

Typhus

Variola

Varicella

Yellow Fever

31. HISTORY OF FOR- MER ILLNESS

Rheumatic Fever

Cardiac Disease

Chorea

Tonsillitis

HISTORY—continued**Gout**

Cirrhosis of Kidney

Syphilis

Eruptions

Gummata

General Paralysis

Locomotor Ataxy

Periostitis

Gonorrhœa

Orchitis

Rheumatism

Salpingitis

Stricture

Lead-poisoning

Cirrhosis of Kidney

Gout

32. History of Injury

Cancer (s)

Caries of Spine

Dislocations

Epilepsy (esp. Jacksonian)

Fractures

Meningitis

Pachymeningitis

Ruptured Viscus

Synovitis

Sprains

Tubercular Arthritis

33. History of Alcoholism

Aneurysm

Apoplexy

Atheroma

Cirrhosis of Liver

Delirium Tremens

Dilatation of Stomach

Emphysema, Atrophic

Gout

Heart, Dilated

Kidney, Enlarged

Korkasoff's Disease

Neuritis

Pachymeningitis

Pharyngitis, Chronic

Pneumonia

Tuberculosis

34. Sudden OnsetAcute Diseases in
general

Ague

Angina Pectoris

Asthma

Apoplexy, Cerebral

Apoplexy, Spinal

Apoplexy, Pulmonary

Appendicitis

Caisson Disease

Catalepsy

Cholera

Colic, Renal

Colic, Hepatic

SUDDEN ONSET—*cont.*

Dengue
 Erysipelas
 Epileptic Fit
 Embolism, Cerebral
 Embolism, Renal
 Facial Paralysis
 unless due to a tumour
 Glandular Fever
 Gout
 Hæmorrhage in general
 Hæmorrhage, Spinal
 Intermeningeal
 Hæmatocele, Pelvic
 Infantile Paralysis
 Influenza
 Jaundice, Obstructive
 Korkasoff's Disease
 Kussmaul's Disease
 Landry's Paralysis
 Laryngismus stridulus
 Meningitis, Cerebro-
 spinal
 Meningitis, Internal
 Spinal
 Menière's Disease
 Mania
 Neuralgia
 Pancreatitis, Acute
 Pneumonia, Croupous
 Paralysis, Acute Bulbar
 Paralysis, Acute Spinal
 Paralysis, Periodic
 Pyæmia

Pleurisy, Acute
 Pyelitis, Acute
 Peritonitis, Acute
 Rheumatic Fever
 Syncope
 Tuberculosis, Acute
 Thrombosis in general
 Trance
 Valve Cusp, Rupture
 of

35. Gradual Onset

For differential diagnosis
only

Acromegaly
 Aneurysm
 Ascites
 Amyloid
 Amyotrophic Lat. Scle-
 rosis
 Ataxic Paraplegia
 Bulbar Paralysis
 Cirrhosis of any Organ
 Cancer
 Chorea
 Cerebral Thrombosis
 Cerebral Tumours
 Dilatation of Stomach
 Enteric
 General Paralysis
 Hooping-Cough
 Locomotor Ataxy
 Myelitis, Chronic

GRADUAL ONSET—cont.

Occupation Neurosis
 Paralysis agitans
 Phthisis
 Pernicious Anæmia
 Progressive Muscular
 Atrophy
 Sclerosis, Disseminated

Transverse Softening of
 Cord

Tumours of Cord

Chronic Diseases in
 general

Exposure to Infection
 (see *Propagation*,
 1211)

36. DURATION**37. Acute Diseases**

Angeo-neurotic
 Œdema

2 to 3 days; recurring
 every 3 weeks or so

Apoplexy

from minutes to days

Angina Pectoris

from minutes to hours

Asthma, Spasmodic

from one hour to several
 days

Ague

cold stage 10 to 60 minutes

hot stage 2 to 6 hours

sweating stage 2 to 3 hours

Buhl's Disease

about 2 weeks

Bell's Mania

from 3 days to 3 weeks

Cholera

incubation 3-5 days

Catalepsy

minutes to hours or days

Chancre, Hard

incubation 3 to 5 weeks

Chancre, Soft

incubation a few hours to
 a week

Dengue

invasion 3 days; rash
 1 to 2 days; remission
 2 to 4 days

Diphtheria

incubation $\frac{1}{2}$ to 4 days;
 invasion 3 to 4 days;
 membrane 1 to 7 days;
 paralysis begins 8 to 12
 days after recovery

Enteric Fever

incubation 3 weeks; inva-
 sion 11 days; rash 10 days

Erysipelas

incubation 15 to 60 hours

Erythema Infectiosum

9 days

Follicular Tonsillitis

incubation 4 days

Gallstones

v. a few hours

Glandular Fever

incubation 7 days; disease
 14 days

ACUTE DISEASES—*cont.*

Gonorrhœa

incubation 3 to 5 days

Glanders

incubation 3 to 8 days;
invasion 3 to 4 weeks;
developed stage 2 to 20
days

Herpes zoster

v. 10 to 20 days

Hydrophobia

incubation v. 6 to 7 weeks,
but may be much longer;
disease 1 to 4 days

Hooping-Cough

incubation 10 days; inva-
sion 7 days

Influenza

incubation 2 to 3 days;
disease 4 to 5 days

Mumps

incubation 8 to 21 days;
swelling 8 to 10 days

Measles

incubation 10 to 12 days;
invasion 3 to 4 days;
rash 4 to 6 days

Myelitis, Acute

a few hours

Nephritis, Acute

3 to 10 weeks

Paratyphoid Fever

from 12 days

Petit Mal

a few seconds

Periodic Paralysis

attack 7 to 8 hours or
more

Pneumonia, Acute

5 to 7 days

Pneumonia serpens

2 to 3 weeks

Poliomyelitis, Acute
AnteriorFever 1 to 4 days; paralysis
on 2nd to 8th day

Plague

incubation 3 to 5 or 7 days

Psittacosis

30 days altogether
incubation 7 to 12 days;
high fever 3 to 4 daysParalysis, Acute As-
cending

a few days when fatal

Roseola

4 to 7 days—face first

Remittent Fever

5 to 14 days

Rötheln

incubation 2 to 3 weeks,
but variable; invasion
about 12 hours; rash
3 days. In 'Fourth
Disease' the incubation
is shorter in the scarla-
tiniform type

Relapsing Fever

pyrexial stage 5 to 7 days;
sweating 8 to 9 hours;
interval 6 to 8 days or
more; second attack 3
to 4 days

Spasmus nutans

3 weeks to 3 months

Spinal Meningeal
Hæmorrhage

fatal cases a few hours

ACUTE DISEASES—*cont.*

Scarlatina

incubation 8 to 9 days;
invasion $\frac{1}{2}$ to 2 days;
rash 3 to 5 days

Trypanosomiasis

Temp. above normal a
few days, below normal
a few days

Typhus

incubation 7 days; in-
vasion 4 to 5 days; rash
8 to 9 days; deferves-
cence 3 days

Tetanus

incubation 4 days to 4
weeks

Tuberculosis, Acute

a few days to a few weeks

Variola

incubation 12 days; in-
vasion 2 days; rash 8
to 10 days

Varicella

incubation 12 days; in-
vasion a few hours;
rash 5 to 10 days

Weil's Disease

10 to 15 days

Yellow Atrophy, Acute

2 to 3 weeks

38. Chronic Diseases

Acromegaly

10 to 20 years

Addison's Disease

2 to 3 years

Amyloid

for years

Chorea

1 to 4 months

Chloroma

u. 6 months

Cancer, Encephaloid

about 1 year

Cancer, Scirrhus

about 2 years

Distoma pulmonale

hæmoptysis 10 to 15 years

Exophthalmic Goitre

for months or years

Friedreich's Disease

for years

General Paralysis

a few months to 2 years

Guinea Worm

incubation 12 months

Idiopathic Muscular

Atrophy

for years

Kidney, Contracted

from 4 to 10 years

Landouzy's Paralysis

for many years

Locomotor Ataxy

from 1 to many years

Lymphadenoma

about 2 years

Leukæmia

from $\frac{1}{2}$ to 7 years

Morvan's Disease

for years

Myelitis, Chronic

$\frac{1}{2}$ to 10 years

Nephritis, Chronic

1 to 4 years

CHRONIC DISEASES—cont.**Pharyngomycosis**

months or years

Periodic Paralysishealthy interval 1 day to
1 year**Primary Spastic Para-
plegia**

for many years

Sclerosis, Disseminated

5 to 10 years

Syringomyelia

5 to 20 years

Trypanosomiasis

from 4 to 8 months

Yaws

2 to 4 months or more

Periodicity (see 1210)**39. SLEEP**

The statements that patients make as to the duration of sleep
are usually unreliable.

40. Day Restlessness

Alcoholism, Chronic

Dysentery

Dyspnoea (874)

Enteric (3rd week)

Glossitis

Hyperæmia of Brain

Hydrophobia, i.

Laryngitis

Myocarditis, Acute

Meningitis, Simple, i.

Tapeworm

Throat Affections

Dyspnoea (874)

Flatulence

Gout

Gastritis, Chronic

Hyperæmia of Brain

Kidney, Cirrhosis of

Mania

Melancholia

Meningitis, i.

Neurasthenia

Pneumonia, Acute

Paralysis of Insane,
General

Stomach, Atony of

Trichinosis

Valvular Disease

41. Sleeplessness

Circulation, Feeble

Collapse of Lungs

Dysentery

Delirium Tremens

Dilatation of Heart

42. Night Terrors

Adenoids

Colitis

NIGHT TERRORS—*cont.*

Dentition
 Epilepsy (s)
 Frights
 Hysteria
 Indigestion
 Lithæmia
 Mucous Colitis
 Rheumatism
 Syphilis, Hereditary
 Tonsils, Enlarged
 Worms

**43. Nightmare and Start-
ing**

Adenoids
 Dyspepsia
 Delirium Tremens
 Emboli, Small Cerebral
 Encephalitis, i.
 Hyperæmia of Brain
 Hypertrophy of Heart
 Meningitis
 Mental Exhaustion
 Teething
 Tonsils, Enlarged
 Valvular Disease
 Worms

Nightmare is often caused
 by insufficient bed-
 clothes

44. Drowsiness or Stupor

Anæmia (s)
 Atony of Stomach
 after meals

Abscess of Brain, i.
 Asphyxia
 Acute Yellow Atrophy
 Alcoholism, Acute, ii.
 Bromism
 Cerebellar Disease
 Chlorosis
 Concussion of Brain
 Dilatation of Heart(day)
 Dyspnœa (severe) (874)
 Encephalitis
 Embolism (clot)
 Embolism (fat)
 Epilepsy, ii.
 Gangrene of Lung
 Hæmatoma of Dura
 Mater
 Hydrocephalus
 Hæmophilia (late)
 Jaundice (331)
 Intermittent Fever
 end of paroxysm
 Intermittent, Pernicious
 Lithæmia
 after meals
 Liver Disorders
 Meningitis, Simple, ii.
 Meningitis, Tubercu-
 lar, ii.
 Meningitis, Cerebro-
 spinal, ii.
 Narcotic-poisoning
 Neurasthenia
 Plague

DROWSINESS—continued

Remittent Fever (severe)
 Spina bifida (late)
 Softening of Brain
 Septicæmia (late)
 Trypanosomiasis
 Typhus
 Typhic state (174)
 Uræmia
 Winkel's Disease

45. Coma Vigil

The patient rouses when
 spoken to, but immedi-
 ately relapses again into
 coma

Commencing Coma (46)
 Delirium Tremens
 Enteric Fever (late)
 Septicæmia
 Typhic state (174)

46. Coma

Addison's Disease, III.
 Amyloid (late)
 Asphyxia
 Alcoholism, Acute
 subnormal temperature
 Atrophy of Kidney,
 Acute
 Atrophy, Acute Yellow
 Apoplexy
 Cholangitis, Chronic
 Fibrous
 Compression of Brain
 Coal-gas-poisoning

Diabetes (late)
 Disseminated Sclerosis,
 III.

Embolism of Brain
 Encephalitis (late)
 Exposure to Cold
 Erysipelas, Severe
 Fat Embolism

Fracture of Skull
 Gout (late s.)
 Glanders (late)

General Paralysis, III.
 Hæmatoma of Dura
 Mater

Hyperpyrexia

Jaundice (x)

Meningitis (late)
 simple, tubercular, or cere-
 bro-spinal

Myxædema (late)

Narcotic-poisoning

Pernicious Anæmia, III.

Pernicious Intermittent
 Remittent Fever
 (severe)

Scarlatina maligna

Sunstroke

Softening of Brain, Ex-
 tensive

Thrombosis of Brain

Tumours of Brain (late)

Uræmia

Variola maligna

Consciousness, Loss of
 (see 1060)

APPETITE

47. Increased (Bulimia)

Convalescence from
Fever
Chlorosis
Diabetes
Dilatation of
Stomach (s)
Exophthalmic Goitre
Ergotism
Epilepsy
Gastritis, Chronic (s)
Hooping-Cough
Iodism
Insanity
Neurasthenia (s)
Pregnancy
Ulcer of Stomach (s)
Worms (s)

Abscess of Liver
Arsenic-poisoning
Cancer of Stomach or
Liver
Coryza
Constipation
Cirrhosis of Stomach
Cystitis
Duodenal Catarrh
Dysentery (late)
Delirium Tremens
Empyema
Fæcal Accumulation
Gastritis, Acute
Hepatitis, Acute
Influenza
Peritonitis, Chronic
Pyrexial Affections(219)
Suppuration

48. Diminished (Anorexia)

Anæmia
Atrophy of Stomach
Ague (præm.)
Alcoholism, Chronic
Atony of Stomach
Anorexia nervosa

49. Morbid (Pica)

Anæmia
Chlorosis
Hysteria
Idiocy
Insanity
Pregnancy

THIRST

50. Increased

Abdominal Injuries
Ague
Arsenic-poisoning

Cholera
Cancer of Stomach
Diarrhœa
Diabetes

THIRST—continued

Diabetes Insipidus
 Dilatation of Stomach
 Gout
 Glossitis
 Gastritis, Acute and
 Chronic
 Hæmorrhage

Hysteria
 Hyperidrosis
 Intestinal Obstruction
 Pyrexial Diseases (219)
 Sunstroke
 Tetanus
 Vomiting
 Xerostoma

51. BOWELS, STATE OF

Constipation is said to be more frequent in women because they take less exercise. I suggest also that owing to the thoracic character of their breathing, and the constriction of the corset, they miss a good natural form of massage produced by the rhythmic descent of the diaphragm.

52. Constipation and Obstruction

Ague
 Anæmia
 Atony of Bowel or
 Stomach
 Atrophy, Senile
 Ascites
 Acute Yellow Atrophy
 Appendicitis
 Abdominal Aneurysm
 Abdominal Tumours
 (1090)
 Amenorrhœa
 Apoplexy, Spinal
 Cretinism

Cancer of Bowel,
 Kidney, Pancreas,
 Stomach, or Rectum
 Cirrhosis of Stomach
 Compression of Cord
 Concretions (786)
 Diabetes
 Dilatation of Colon,
 Congenital
 Duodenal Catarrh
 Dilatation of Stomach
 Embolism of Sup.
 Mesenteric
 Erysipelas
 Enteric (1st week)
 Enteroptosis
 Fissure

CONSTIPATION—*continued*

Gastritis
 Gout
 Hæmorrhoids
 Hyperidrosis
 Hypertrophy of Pylorus
 Hernia, Strangulated
 Hysteria
 Intussusception
 Influenza
 Insanity
 Jaundice (331)
 Kinked Bowel
 Lithæmia
 Lead-poisoning
 Lactation, Prolonged
 Mucous Colitis
 Meningitis
 Myelitis
 Neurasthenia
 Peritonitis
 Peritoneal Adhesions
 Prostate, Enlarged
 Pelvic Cellulitis
 Prolapsus Uteri
 Paraplegia
 Paralysis, Intestinal
 Paralysis, Acute Ascending
 Paralysis of Diaphragm
 Prolapse at Sigmoid Flexure
 Prolapsus Uteri
 Prostatitis

Pyrexia
 Retroflexion and Retroversion
 Stricture of Rectum, Bowel, Pylorus, or Œsophagus
 Scurvy
 Scybala
 Tetanus
 Tetany
 Tumour of Brain
 Ulcer of Stomach
 Volvulus

Constipation often accompanies a visit to the seaside, especially where the soil is chalky

53. Diarrhœa

Amyloid
 Addison's Disease
 Appendicitis in children
 Colitis, Ulcerative
 Cholera
 Cirrhosis of Liver (s)
 Cancer of Liver, Rectum, or Colon
 Dilated Stomach morning diarrhœa
 Dysentery
 Enteric Fever
 Empyema
 Enteritis

DIARRHŒA—continued

Endocarditis, Ulcerative
 Gastric Irritation
 Glanders, II.
 Gangrene of Lung
 Gastritis, Erythema-
 tous
 Hydrocephalus, Spuri-
 ous
 Hepatitis, Acute
 Intussusception
 Kussmaul's Disease
 Locomotor Ataxy
 gastric crisis
 Lymphadenoma
 Leukæmia
 Metritis, Acute
 Mushroom-poisoning
 Pyæmia
 Puerperal Fever
 Ptomainism
 Poisoning by Arsenic
 Poisoning by Tartar
 Emetic
 Pancreatitis
 Phthisis, II.
 Rickets
 Retained Scybala
 Septicæmia
 Sprue
 Syphilitic Liver
 Trichinosis
 Tuberculosis, Acute
 Tabes mesenterica

Ulceration of Bowel

Uræmia

**54. Flatulence and Bor-
borygmi**

Ærophagy
 Abdominal Cancer and
 Tumours (1090)
 Cirrhosis of Liver
 Constipation (52)
 Dysentery
 Dilatation of Stomach
 Dyspepsia
 Enteritis
 Fæcal Accumulation
 Gastritis
 Hysteria
 Hypochondriasis
 Intestinal Obstruction
 Jaundice (331)
 Lithæmia
 Tympanites (1140)
 Vegetable Diet

**55. Tenesmus (Frequent
and fruitless strain-
ing)**

Adenoma, Rectal
 Calculus, Vesical
 Concretions
 Cancer of Rectum
 Colitis
 Dysentery
 Diarrhœa (late)
 Foreign Body in Rec-
 tum

53-55

TENESMUS—continued

Hæmorrhoids
 Intussusception
 Locomotor Ataxy
 rectal crisis
 Metritis, Acute
 Ovarian Cyst
 Proctitis
 Prostatic Disease
 Poisoning by Arsenic,
 Cantharides, and
 other irritants
 Polypus, Rectal
 Retroflexion
 *Scybala
 Worms

56. Painful Defæcation

Coccygodynia
 Cancer of Rectum or
 Uterus
 Colitis
 preceding defæcation
 Condylomata
 Fissure
 Fistula
 Foreign Body
 *Hæmorrhoids, Inflamed
 Ischio-rectal Abscess
 Metritis, Acute
 Oöphoritis
 Ovarian Cyst
 Pelvic Cellulitis
 Pelvic Peritonitis
 Periproctitis

Prostatitis
 Prolapsus Ani
 Retroflexed Uterus
 Salpingitis
 Sacro-iliac Disease
 Scybala, Impacted
 Ulcer of Rectum

57. Prolapsus Ani

Calculus, Vesical
 *Diarrhœa
 Hæmorrhoids
 Hooping-Cough
 Phimosis
 Polypus, Rectal
 Scybala
 Vomiting
 Villous Growth
 Worms

58. Rectal Incontinence

Apoplexy
 Apoplexy, Spinal
 Cholera
 Chorea, Severe
 Cancer of Rectum, II.
 Coma (46)
 Convulsions
 Compression of Cord
 Dysentery
 Diarrhœa (53)
 Enteric
 Epilepsy, II.
 Fissure of Anus (s)
 Fistula

55-58

METrorrhagia—cont.

Fungous Degeneration
 Granular Os
 Hæmatocele
 Heart Disease
 Hypertrophy
 Hæmophilia
 Inversion
 Leukæmia
 Lead-poisoning
 Malaria
 Menopause
 Miscarriage
 Metritis (x)
 Myxœdema
 Nephritis
 Oöphoritis
 Ovaries, Displaced
 Purpura
 Phosphorus-poisoning
 Prolapsus Uteri
 Polypus
 Pelvic Cellulitis
 Pelvic Peritonitis
 Plethora
 Retained Decidua
 Retroflexion
 Sarcoma
 Scurvy
 Subinvolution
 Salpingitis
 Syphilis
 Variola, Malignant
 Yellow Atrophy, Acute

63. Shreds and Membranes

Abortion
 Ectopic Gestation
 Membranous Dysmenorrhœa
 Miscarriage
 Puerperal Decidua

DISCHARGES**64. Leucorrhœa**

Anæmia
 Antelexion (x)
 *Cervical Catarrh
 Endometritis, Chronic
 Fibroid
 Granular Cervix
 Gonorrhœa
 Hypertrophied Cervix
 Metritis, Chronic
 Prolapsus Uteri
 Polypus
 Pelvic Peritonitis
 Salpingitis
 Sarcoma of Uterus
 Tubal Colic
 intermittent
 Worms (children)

65. Sanguineo-purulent Discharge

Cancer of Uterus
 Endometritis, Hæmorrhagic
 Endometritis, Purulent
 Endometritis, Septic

**SANGUINEO-PURULENT
DISCHARGE—*cont.***

Metritis, Acute
Pelvic Abscess
discharging
Polypus

66. Offensive Discharge
Cancer of Uterus

Death of Fœtus
Endometritis, Septic
Endometritis, Chronic
Polypus, Cervical
Puerperal state
moderately so
Retained Decidua
Tubercle of Uterus

PAIN

67. It is often difficult to estimate the degree of pain felt, for the patient's statement cannot always be relied upon. Some information may be obtained by a scrutiny of the expression, and some from the time spent in sleep. If a patient professes to be in constant acute pain, and nevertheless sleeps four or five hours at a stretch, credence must be withheld. Were anything like intense pain present, evidence of it would be found in the hard pulse, the quickened breathing, and the clammy skin. On the other hand, some patients make too light of the pain felt. It is often difficult to determine the seat of pain in an infant, but the nature of the cry (882), the expression, and occasionally Jadelot's Traits (340), will usually provide a clue.

HEADACHE

68. Frontal

Anæmia
Adenoids
Asthenopia, Muscular
Frontal Sinus Obstruction
Glaucoma

Gastritis
Hæmatoma of Dura
Mater
Iritis
Lithæmia
Neurasthenia
Periostitis

HEADACHE—continued

Syphilitic Nodes
 Thrombosis of Sup.
 long. Sinus
 Trigeminal Neuralgia
 Uræmia (72)

69. Occipital

Adenoids
 Asthenopia
 Buhl's Disease
 Cervico-occipital Neur-
 algia
 Cerebro-spinal Menin-
 gitis
 Constipation
 Cirrhosis of Kidney
 Cerebellar Tumour
 Epilepsy
 Naso-pharyngeal Dis-
 ease
 Legal's Disease
 Neurasthenia
 Pharyngitis
 Rheumatism
 *Syphilis
 Sphenoidal Disease
 Uterine Diseases

70. Unilateral

Asthenopia
 Bone, Diseased
 Cancer of Tongue
 Dysmenorrhœa
 Gouty state

Hysteria (s. Clavus)
 Migraine
 Otitis media
 Trigeminal Neuralgia
 Wax in Meatus

71. Vertex

Anæmia
 Chlorosis
 Epilepsy
 Hysteria
 Neurasthenia
 Uterine Diseases

**72. Unclassified Head-
aches**

Ague
 Alcoholism
 Anæmia
 Apoplexy (præm.)
 Arsenic-poisoning
 Abscess of Brain
 Amenorrhœa
 Atony of Stomach
 Asthma
 Aura epileptica
 Coryza
 Catalepsy
 Constipation
 Cinchonism
 Compression of Brain
 Congestion of Liver
 Chlorosis
 Cirrhosis of Kidney

68-72

HEADACHE—*continued*

Dilatation of Stomach
 Disseminated Sclerosis
 Duodenal Catarrh
 Dysmenorrhœa
 Dengue
 Dyspnœa (874)
 Embolism, Cerebral
 Encephalitis
 Epilepsy
 Erysipelas
 Exophthalmic Goitre
 General Paralysis
 Gouty state
 Glaucoma
 Glandular Fever
 Hæmatoma of Dura
 Mater
 circumscribed
 Hyperæmia of Brain
 Hereditary Cerebellar
 Ataxy
 Hypertrophy of Brain
 Hypertrophy of Heart
 Hysteria
 Hay Fever
 Hydrocephalus
 Hæmorrhage
 Influenza
 Iritis
 Incubation of Fevers
 Lithæmia
 Leucorrhœa
 Lactation, Prolonged

Leontiasis Ossea
 Meningitis
 Meningitis, Cerebro-
 spinal
 Measles
 Menopause
 Neuralgia
 Neurasthenia
 s. helmet headache, *i.e.*
 felt only where a helmet
 would cover the head
 Nephritis
 Oxaluria
 Oöphoritis
 Plague
 Pneumonia, Acute
 Pachymeningitis
 Polypus, Nasal
 Pyrexia (219)
 Remittent Fever
 Rheumatism
 Relapsing Fever
 Sunstroke
 Softening of Brain
 Syphilis
 Tumour of Brain
 Thrombosis, Cerebral
 Tension, High Arterial
 Tapeworm
 Turbinate Bone, En-
 larged
 Typhus
 Uræmia
 Variola, *i.*
 Valvular Disease

HEADACHE—continued**Weil's Disease**

Headache is often caused by impure air, fatigue, flatulence, depression after excitement, and by weight of hair

73. Eyeballs

Asthenopia

Coryza

Conjunctivitis

Glaucoma

Iritis

Injuries

Keratitis

Migraine

Neuralgia of Fifth Nerve

Ophthalmoplegia interna

Panophthalmia

(See *Photophobia*, 187)

74. Ear

Aneurysm of Innominate

Abscess, Alveolar

Abscess, Mastoid

Caries of Temporal Bone

Foreign Body in Meatus

Furuncle in Meatus

Injuries

Neuralgia

Otitis media or interna

Polypus

Pulpitis, Dental

Rheumatism, Temporo-maxillary

Teething

Tongue, Cancer of

Tongue, Ulcer of

75. Upper Jaw

Abscess, Alveolar

Abscess of Pulp

Antrum, Disease of

Caries

Cancer

Exostosis, Dental

Neuralgia, Sup. Max.

Periodontitis

Periostitis

Pulpitis

Salivary Calculus

76. Lower Jaw

*Abscess, Alveolar

Abscess of Pulp

Actinomycosis

Caries

Exostosis, Dental

Fracture

Mumps

Neuralgia, Inf. Max.

Periodontitis

Pulpitis

Salivary Calculus

77. Neck

Abscess

Caries, Cervical

NECK—continued

Glandular Fever
 Innominate Aneurysm
 Lymphadenoma
 Polymyositis
 *Rheumatism
 Serratus Palsy
 Strain
 Syringomyelia

78. Nucha (Nape of Neck)

Cervico-occipital Neuralgia
 Cerebro-spinal Meningitis
 Neurasthenia
 Pharyngitis
 *Rheumatism
 Spinal Meningeal Hæmorrhage
 Tetanus

79. Throat

Cancer

Crico - arytenoid Arthritis
 Concretions in Tonsil
 Diphtheria
 Foreign Body
 Laryngitis
 Naso-pharyngeal Catarrh
 Pharyngitis
 Post-pharyngeal Abscess
 Poisoning by—
 Aconite
 Cantharides
 Conium
 Irritants
 Corrosives
 Quinsy
 Scarlatina
 *Tonsillitis
 Tubercular Pharyngitis
 Tubercular Tonsillitis
 Uvula, Swollen
 (See *Dysphagia*, 211)

BACK**80. Spinal**

Aneurysm, Abdominal
 Aneurysm of Descending Aorta
 Apoplexy, Spinal circumscribed
 Caries of Vertebrae
 Cancer of Liver

Cancer of Spine
 Compression of Cord
 Cerebro-spinal Meningitis
 External Spinal Pachymeningitis
 Hyperæmia of Cord
 Hysteria

77-80

SPINAL—continued

Meningitis, Internal
Spinal

Mollities Ossium

Myelitis

Neuralgia

Neurasthenia

Osteomyelitis

Osteitis Deformans

Syringomyelia

Spinal Meningeal

Hæmorrhage

Spondylitis Deformans

Spinal Irritation

Tubercular Spinal

Meningitis

Tumour of Cord

Ulcer of Stomach

lumbo-dorsal

81. Coccygeal

Coccygodynia

Fissure of Anus

Fistula

*Hæmorrhoids

Injuries

Periproctitis

Rheumatism

Sacro-coccygeal Tuber-
culosis

Uterine Diseases

82. Sacral

Ataxic Paraplegia

Cancer of Rectum,

Uterus, or Testis

Cervical Catarrh

Dysmenorrhœa

Endometritis

Flexions of Uterus

Fibroids

Hæmorrhoids

Hip Disease

Inversion of Uterus

Metritis

Neuralgia

Orchitis

Ovarian Disease

Prolapsus Uteri

Pelvic Cellulitis

Pelvic Peritonitis

Retroversion

Sarcoma of Uterus

Scybala

Spinal Apoplexy

Subinvolution

Sacro-iliac Disease

Tumours of Uterus

Venery, Excessive

83. Lumbar

Aneurysm, Abdominal

Appendicitis

Abscess, Lumbar

Abscess, Perinæal

Abscess, Rectal

Chyluria

Calculus, Renal

unilateral

Calculus, Vesical

LUMBAR—continued

Chorea
 Cystitis
 Dengue
 Dysmenorrhœa
 Embolism, Renal
 Fatigue
 Flatulence
 Fæcal Accumulation
 Gravel
 Hernia
 Hydatids
 Hydronephrosis
 Infantile Paralysis (onset)
 Influenza
 Kidney, Floating
 Lithæmia
 *Lumbago
 Miscarriage
 Meningitis, Internal
 Spinal
 Meningitis, Tubercular
 Spinal
 Nephralgia
 Nephritis, Acute

Nephritis, Suppurating
 Neuralgia, Lumbo-abdominal
 Prostatitis
 Parturition
 Pachymeningitis, External Spinal
 Perinephritis
 Pyonephrosis
 Pyelitis
 Pleurisy (onset)
 Parasite of Kidney
 Remittent Fever
 Tumour, Abdominal
 Variola, i.

84. Interscapular

Aneurysm of Descending Aorta
 Atony of Stomach
 Cirrhosis of Stomach
 Caries of Spine
 *Flatulence
 Gastric Ulcer
 Gastritis
 Gastric Irritation
 Rheumatism

85. CHEST**86. Mamma**

Abscess, Mammary
 Abscess, Retromammary
 Cracked Nipple
 Cancer

Cyst
 Ectopic Gestation
 Hysteria
 Lobular Induration
 Menstruation (s)
 Neuralgia

MAMMA—continued

Obstructed Lacteal Duct
Ovarian Disease
Pregnancy

87. Sternum

Aortitis
Aneurysm
Angina Pectoris
Bronchial Glands, En-
larged
Bronchitis, Acute, *i.*
Caries of Sternum or
Spine
Foreign Body in Lungs
Gastric Irritation
Influenza
Locomotor Ataxy
Mediastinal Abscess
Mediastinal Tumour
Spinal Apoplexy

88. Præcordial

This is often hyperæsthesia
rather than pain

Anæmia
Angina Pectoris
Aneurysm of Heart
Aortic Cusp, Rupture of
Arsenic-poisoning
Beri-beri
Endocarditis
Epilepsy
Flatulence
Fibroid Disease of Heart

Functional Heart Dis-
order

Gastritis
Gout
Gastralgia
Heartburn
Hysteria
Myocarditis
Pericarditis
Pseudangina
Thrombosis of Pulmo-
nary Artery
Valvular Disease
especially aortic

89. Side

Aneurysm
Fæcal Accumulation
Flatulence
Herpes zoster
v. on right side
Hysteria
Intercostal Rheumatism
(Pleurodynia) .
Intercostal Neuralgia
v. 6th to 9th rib
Pneumonia, Acute
Pleura, Cancer of
*Pleurisy, Acute, *i.*
Ribs, Carious
Ribs, Fractured
Woillez's Disease

90. Right Hypochondrium

Abscess, Subphrenic
Aortic Disease

RIGHT HYPOCHONDRUM—
continued

Cancer of Liver
Cancer of Stomach or
Pylorus
Cancer of Pancreas
Cancer of Duodenum
Cancer of Colon
Cholecystitis
Constricted Liver
Cyanotic Liver
Cirrhosis of Liver
'Empyema' of Gall-
bladder

*Gallstones
Hepatitis, Acute
Hepatic Abscess
often slight
Hydatids, Inflamed
Kussmaul's Disease
Perihepatitis
Peritonitis
Pleurisy
Pneumonia (s)
Syphilitic Liver

91. Left Hypochondrium

Anæmia
Aneurysm, Abdominal
Abscess, Subphrenic

Cancer of Stomach
Colitis
*Fæcal Accumulation
Gastric Catarrh
Gastropstosis
Malaria
Movable Kidney
Peritonitis
Renal Colic
Spleen, Enlarged
Splenic Infarct
Ulcer of Stomach

92. Unclassified Chest Pain

Aneurysm
Abscess, Mediastinal
Atony of Stomach
Cancer of Lung
Dissecting Aneurysm
*Dyspepsia
Mollities Ossium
Phthisis, Acute
Pneumothorax (onset)
Pulmonary Embolism
sudden
Rheumatism
Sprained Pectorals
Syphilitic Periostitis
Tumour of Mediastinum

93. ABDOMEN

94. Epigastrium

Addison's Disease
Atony of Stomach

Arsenic-poisoning
Acute Yellow Atrophy
Caries of Spine

90-94

ABDOMINAL—continued

Pancreatic Disease
 Peritonitis
 Perforation
 Pleurisy, Incipient (s)
 Pneumonia
 in children
 Rheumatic Fever
 Rheumatism
 Tabes mesenterica
 Ulcer of Intestine

Hypochondria (see *Chest*,
 90)

99. Perinæum

Abscess, Ischio-rectal
 Abscess, Perinæal
 Abscess, Prostatic
 Cancer of Bladder or
 Prostate
 Calculus
 Cystitis
 Epilepsy
 Extravasation of Urine
 Fistula
 Fissure of Anus
 Hæmorrhoids
 Locomotor Ataxy
 rectal crisis
 Mania
 Neuralgia, Rectal
 *Prostatitis (see *Painful
 Defæcation*, 56)
 Seminal Vesiculitis
 Uterine Disease

100. Penis

Calculus, Vesical
 Cystitis
 *Gravel
 Neuralgia
 Prostate, Enlarged
 Prostate, Tubercular
 Renal Colic (x)
 Stone in Ureter
 Stricture
 Ulcer of Bladder
 Urethral Calculus
 Venery, Excessive
 (See *Painful Micturi-
 tion*, 673)

101. Testicle

Abdominal Aneurysm
 Abdominal Tumour
 Calculus, Vesical
 Calculus, Renal
 Colon, Tumour of
 Cancer
 *Epididymitis
 Hernia
 Injury
 Neuralgia
 Orchitis
 Tubercular Testis
 Varicocele
 Venery, Excessive

102. LIMBS (see 106 to
 111)**98-102**

103. Shoulder

Angina Pectoris
 Aortic Disease
 right shoulder
 Atony of Stomach
 Aneurysm of Innominate
 Cancer of Liver
 angle of right scapula
 Cervico-brachial Neur-
 algia
 Colitis
 Duodenal Catarrh
 Diaphragmatic Pleurisy
 Dental Caries (s)
 Fibrositis
 Hepatic Colic (rt)
 Hepatitis, Acute
 Hepatic Congestion
 Hepatic Abscess
 Neuritis
 Progressive Muscular
 Atrophy, i.
 Pleurisy, Acute (s)
 *Rheumatism
 Serratus Palsy
 Synovitis (see *Joints*,
 112)
 Tumour of Suprarenal
 Capsule
 tip of shoulder-blade

104. Arm

Angina Pectoris (v. left)
 Atonic Dyspepsia
 Amyotrophic Lat. Scle-
 rosis

Brachial Neuritis
 Cervico-brachial Neur-
 algia
 Fibrositis
 Morvan's Disease
 Occupation Neurosis
 Paralysis agitans
 Progressive Muscular
 Atrophy
 *Rheumatism
 Syringomyelia
 Valvular Disease (s)
 (See *Limbs*, 111)

105. Hand

Gout
 Neuritis
 Occupation Neurosis
 Rheumatism
 Rheumatoid Arthritis
 Teno-synovitis
 Trauma
 Tubercle

106. Thigh

Abdominal Tumour
 Aneurysm, Abdominal
 radiating
 Aneurysm, Femoral or
 Popliteal
 Barlow's Disease
 Cancer of Rectum
 Colon, Growth on
 Dysmenorrhœa
 Fibrositis

103-106

THIGH—continued

Hysteria
 Impacted Fæces
 Locomotor Ataxy
 Lumbar Abscess
 Meralgia Paræsthetica
 Metritis
 Neuralgia, Antr. Crural
 Neuralgia, Obturator
 Neuroma
 Neuritis
 Ovarian Cyst
 Pregnancy
 Pelvic Cellulitis
 Pelvic Tumours
 Perimetritis
 Psoas Abscess
 Renal Calculus
 Renal Colic
 Sarcoma of Femur
 *Sciatica
 Sacral Glands, Enlarged
 Uterine Displacement
 Vesical Calculus
 (See *Limbs*, 111)
 Pain or numbness on the
 inner side of the thigh
 occurs in obturator her-
 nia, when it is known
 as the 'Howship-Rom-
 berg symptom'

107. Leg

Crural Neuralgia
 inner side to toe
 Friedreich's Disease

Infantile Paralysis
 onset
 Leukæmia
 Lead-poisoning
 Osteomyelitis
 Periostitis
 Phlegmasia Alba Dolens
 Phlebitis
 Primary Spastic Para-
 plegia
 *Rheumatism
 Spinal Meningitis
 Tubercular Bone
 (See *Limbs*, 111)

108. Foot

Callosities
 Corns, etc.
 Erythromelalgia
 Flat Foot
 Gout
 Metatarsalgia
 Neurasthenia
 Ovarian Diseases
 Prostatic Disease
 sole
 Plantar Neuralgia
 *Rheumatism
 Trauma
 Tubercular Bones

109. Heel-Jar

The patient, standing
 on tip-toe, experiences
 spinal pain on bringing
 the heels suddenly to the
 ground

Spinal Caries

106-109

110. Myalgia

Alcoholism
 Anæmia
 Biliary Congestion
 Coryza
 Cholera
 Cerebro-spinal Meningitis
 Duodenal Catarrh
 Enteric Fever
 Fibrositis
 Invasion Stage of Exanthemata and Visceral Inflammations
 Illness, Acute
 onset and convalescence
 Influenza
 Locomotor Ataxy
 *Muscular Rheumatism
 Occupation Neurosis
 Psittacosis
 Polymyositis
 Rheumatic Fever, i.
 Relapsing Fever
 Septicæmia
 Scurvy
 Syphilis
 Sprain
 Trichinosis
 Tubercular Meningitis, i.
 Weil's Disease
 calves

111. Limbs (Unclassified)

Appendicitis

Ague (præm.)
 Abdominal Tumours
 Beri-beri
 Compression of Cord
 Cancer of Rectum
 simulating sciatica
 Cancer of Bone
 Dengue
 Exostosis
 Erythromelalgia
 of the swellings
 General Paralysis, i.
 Glanders
 Hæmophilia
 Impacted Embolism
 Influenza
 Locomotor Ataxy
 'lightning' or rheumatoid
 Lipomatosis neurotica
 in the fatty patches
 Lead-poisoning
 Myelitis
 Mollities Ossium
 Multiple Neuritis
 Myositis
 Occupation Neurosis
 Oöphoritis
 Osteitis
 Paralysis agitans
 Plague
 Periostitis
 Phthisis, Advanced
 Progressive Muscular Atrophy
 *Rheumatism

LIMBS—continued

Rickets
 Remittent Fever
 Spinal Meningitis
 Spinal Apoplexy
 Softening, Chronic
 Thrombosis
 Tetanus
 Trichinosis
 Tubercular Bone
 Urticaria

112. Joints

Compression of Cord
 Coxa vara
 sometimes begins in knee
 Choréa (s)
 Fibrositis
 Gout
 Glanders
 Gonorrhœal Arthritis
 'Growth Fever'
 epiphyses
 Hip Disease
 knee first

Infantile Paralysis
 onset

Injuries
 Lead-poisoning
 Loose Cartilage
 Locomotor Ataxy
 Myelitis, Acute
 Neuralgia
 Obturator Hernia
 knee

Peliosis rheumatica
 Phthisis, Advanced
 Post-febrile Arthritis
 Pyæmia
 Rheumatoid Arthritis
 Rheumatism, Acute
 *Rheumatism, Chronic
 Rickets
 Recklinghausen's Dis-
 ease
 Synovitis
 Syringomyelia
 Scurvy
 Syphilis
 Tubercular Disease

113. CHARACTER OF PAIN

The personal equation must be allowed for.

114. Sharp

Angina Pectoris
 Appendicitis
 Dissecting Aneurysm

Ectopic Gestation
 Gout
 Neuritis
 Pleurisy, Acute

111-114

SHARP—continued

Pneumothorax (onset)
 Spinal Meningeal
 Hæmorrhage
 Acute Inflammation of
 Serous or Synovial
 Membranes in general
 (See *Paroxysmal*, 116)

115. Dull

Inflammation of Mu-
 cous Membranes and
 of Visceral Paren-
 chyma
 Chronic Inflammation
 of Serous Membranes

116. Paroxysmal

Angina Pectoris
 Aneurysm
 Appendicitis (s)
 Appendicular Colic
 temp. normal
 Colic
 relieved by pressure
 Cancer of Pancreas
 Cancer of Œsophagus
 Calculus of Pancreas
 Cerebral Tumours
 Clot or Calculus in
 Ureter
 Colitis
 Distended Bladder
 Dysentery
 Dysmenorrhœa
 Erythromelalgia

Floating Kidney
 Dictl's crisis
 Hydatids of Kidney
 daughter cysts in ureter
 Hepatic Aneurysm
 Hepatic Colic
 Hernia
 Intussusception
 Lead Colic
 Lumbrici
 Locomotor Ataxy
 nephralgic or other crisis
 Mercurialism
 Neuralgia
 Parturition
 Pulpitis, Dental
 Renal Calculus
 Sporadic Cholera
 Scybala or Concretions
 Spinal Meningitis
 Tic-douloureux
 Tubercular Synovitis
 Tubal Colic
 Vesical Calculus
 Urethral Calculus
 Uterine Cancer
 Uterine Fibroids
 Uterine Polypus

117. Radiating

Acute Aortitis
 arm
 Angina Pectoris
 left arm and shoulder

RADIATING—continued

Aneurysm of Asc. Aorta
back, shoulders, and arms

Abdominal Aneurysm
back, false ribs, groin, and
testes

Aneurysm of Innominate
right shoulder

Atony of Stomach
shoulder

Caries of Spine
sternum, epigastrium, or
abdomen

Compression of Cord

Gastritis, Acute Erythematous
shoulder and left arm

Hepatic Colic
umbilicus

Hip Disease
knee

Neuralgia
nerve-terminations

Oöphoritis
back and limbs

Pancreatic Calculus
to left

Pelvic Abscess
thighs

Pachymeningitis, Ext.
Spinal

Renal Calculus
thigh and testicle; sometimes referred to opposite kidney

Rectum, Cancer of
limbs

Spinal Tumour
nerve-endings

Spinal Meningeal
Hæmorrhage
nerve-endings

Spinal Meningitis,
Internal

Uterine Fibroids
genitals and legs

Vesical Calculus
meatus urinarius and
testicle

118. Shifting

*Flatulence

Hysteria

Locomotor Ataxy

Rheumatism

Spinal Tumour

Tapeworm

Trichinosis

119. Gnawing

Abdominal Aneurysm
back

Caries of Spine

Cancer of Stomach

Descending Thoracic
Aneurysm

Gout

Lithæmia

117-119

GNAWING—continued

Periostitis

Spinal Meningitis

120. Increased by Food

Arsenic-poisoning

Cancer of Stomach

Cancer of Duodenum

Cancer of Œsophagus

Gastritis

Gastric Catarrh

Hyperchlorhydria

Renal Calculus

large left

Ulcer of Stomach

 $\frac{1}{2}$ hour after food

Ulcer of Duodenum

2 hours after food

The pain of gastralgia is
often relieved by food**121. Increased by Movement.**Acute Inflammatory
Diseases

Abscess

Calculus, Renal

Calculus, Vesical

Caries of Spine

Coxa Vara

Fibrositis

Fæcal Accumulation
on running

Fractures

Gout

Glandular Fever

Lumbago

Myositis

Neuritis

Oöphoritis

Pachymeningitis, Ext.
Spinal

Perinephritis

Pleurisy, Acute

Pneumonia, Acute

Peritonitis

Pleurodynia

Rheumatism, Acute

Rheumatism, Muscular

Rheumatoid Arthritis

Ruptured Muscle

Sciatica

Spinal Meningitis

Synovitis

Spinal Tumour

Salpingitis

Sprains

Tubercular Joint

Weil's Disease

122. Increased by Breathing

Caries of Sternum

Diaphragmatic Hernia

Diaphragmatic Pleurisy

Fractured Ribs

Intercostal Rheumatism

Perforation of Stomach

Perihepatitis

Perinephritis

*Pleurisy

119-122

ON BREATHING—*cont.*

Pneumothorax

Subphrenic Abscess

123. Increased at Night

Most pain is so, but especially that from—

Carcinoma

Locomotor Ataxy

Neuritis

Osteitis

Periostitis

Renal Calculus

Rheumatism

124. TENDERNESS

The patient should not be asked if pressure give pain; but in the midst of conversation the part should be pressed, at first very gently and afterwards with the force gradually increased. The countenance should be watched all the time, and it will probably speak more truthfully than the tongue.

The pain of all inflammatory affections is accompanied by more or less tenderness.

125. Scalp

Cervico-occipital Neuralgia

Clavus Hystericus

Cerebral Tumour

over site

Erysipelas

Migraine

Mastoid Abscess

Rheumatism

Seborrhœa, Acute

Syphilitic Periostitis

Trigeminal Neuralgia

126. Spine

Abscess, Subphrenic

Abscess, Perinephric

Abscess, Lumbar

Abdominal Aneurysm

Arthritis, Rheumatoid

Caries of Spine

Compression of Cord

Cerebro-spinal Meningitis

Descending Thoracic Aneurysm

Glands, Enlarged Bronchial

4th and 5th dorsal

Gastritis

4th to 7th dorsal

Hepatic Colic

6th to 9th dorsal

Heart Disease

upper dorsal

Hysteria

Mediastinal Tumour

Myelitis, Chronic

not increased by movement

124-126

SPINE—continued

Meningitis, Cerebro-spinal

Meningitis, Spinal

Neurasthenia

Spinal Apoplexy

Spinal Periostitis

Tumours of Spine

Ulcer of Duodenum
right of 12th dorsal

Ulcer of Stomach
left of 12th dorsal

127. Lumbar

Appendicitis
right side

Lumbar Abscess

Nephritis, Acute

Nephritis, Suppurative

Perinephritis

Renal Calculus

Renal Cancer

128. Chest

Angina Pectoris

Aneurysmal Promi-
nence

Caries of Sternum

Empyema necessitatis

Hysteria
mamma

Intercostal Neuralgia

Myocarditis

Periostitis

Phthisis

on percussion

Pericarditis

129. Right Hypochondrium

Including Liver Tender-
ness

Acute Yellow Atrophy

Abscess of Liver

Asthma

Cancer of Liver

Cirrhosis of Liver
(Hypertrophic)

*Cyanotic Liver

Empyema of Gall-
bladder

Fatty Degeneration of
Liver

Fatty Degeneration of
Heart

Gallstones

Hydatids, Inflamed

Hepatitis, Acute

Influenza

Jaundice, Obstructive

Malaria

Myocarditis

Mitral Disease

Perihepatitis

Relapsing Fever

Sarcoma of Liver

Syphilitic Liver

Weil's Disease

126-129

130. Left Hypochondrium

Ague
Enteric Fever

Influenza
Impacted Fæces
splenic flexure
Relapsing Fever

131. ABDOMEN**132. Epigastrium**

Addison's Disease
Arsenic-poisoning
Acute Yellow Atrophy
Cancer of Stomach
slight
Cirrhosis of Stomach
Gastritis, Acute Erythematous
Gastritis, Chronic
Gallstones
Hysteria
Hypochondriasis
Irritant-poisoning
Pericarditis, Acute
Pleurisy, Diaphragmatic
Pancreas, Inflammation of
*Ulcer of Stomach
acute; small circumscribed area. Similar area in back.

133. Iliac

Appendicitis
right side
Enteric Fever
right side—gurgling

Fæcal Accumulation (s)
Hysteria
Oöphoritis
Pelvic Cellulitis
Pelvic Peritonitis
Sacro-iliac Disease
Salpingitis
Uterine Congestion

134. Hypogastrium

Calculus, Vesical
*Cystitis
Dysmenorrhœa
Metritis, Acute
Pelvic Peritonitis
Pericystitis
Perimetritis

135. Unclassified Abdominal Tenderness

Cancer of Intestine
Dysentery
Dysmenorrhœa
Diaphragmatic Pleurisy
Gallstones
1 in. to right of and above umbilicus
Irritant-poisoning

130-135

ABDOMINAL—continued

Peritonitis, Acute
 Strangulated Hernia
 unless gangrenous
 Sequela of Colic
 Ulceration of Intestine

136. Limbs

Barlow's Disease
 lower end of each thigh
 Bone, Cancer of
 Erythema nodosum
 Epiphysitis, Syphilitic
 'Growth Fever'
 Hip Disease
 on tapping trochanter
 Leukæmia
 Neuritis
 Neuritis, Multiple
 Osteitis
 Periostitis
 Polymyositis
 Phlegmasia Alba Dolens
 usually left leg

Phlebitis
 along a hard vein
 Rickets, I.
 Spinal Meningitis, Int.
 Scurvy
 Tetanus
 Trichinosis

137. Joints

Gout
 Hysteria
 Loose Cartilage
 Pyæmia
 Rheumatism, Acute
 Rheumatoid Arthritis
 Sprain
 Synovitis
 Tubercular Disease

138. Perinæum

Abscess, Ischio-rectal
 Abscess, Prostatic
 Abscess, Urethral
 *Prostatitis
 Prostate, Cancer of

139. TENDER SPOTS**Boas' Point**

To left of 12th dorsal
 vertebra

Gastric Ulcer

Clavus

Hysteria

McBurney's Point

Midway between umbilicus
 and anterior superior
 spine of right ilium

Appendicitis

Lead-poisoning (s)

Ureteral Calculus

135-139

TENDER SPOTS—cont.**Ninth Right Costal Cartilage**

Gall-bladder, Cancer of
 Gall-bladder, Calculus in
 Gall-bladder, Inflammation of

140. Points Dououreux

Rare in first attacks

Cervico-brachial Neuralgia

axilla, upper part of deltoid, bend of elbow, behind inner condyle

Cervico-occipital Neuralgia

midway between the mastoid process and the 1st cervical vertebra

Lumbo - abdominal Neuralgia

spinous processes, midcrest of ilium, hypogastrium, groin, scrotum

Intercostal Neuralgia

spinous process, side of chest or abdomen, and a point just short of the mesial line

Sciatica

posterior iliac spine, sciatic notch, behind knee, head of fibula, and behind external malleolus

Fifth Nerve (Trigeminal Neuralgia)

1st division. — Supra-orbital notch, above parietal eminence, and junction of nasal bone with nasal cartilage

2nd division. — Infra-orbital foramen, malar bone, gum of upper jaw

3rd division. — Temple, in front of ear, mental foramen and side of tongue (see 139)

141. PARÆSTHESIÆ

As the result of pressure and of vascular disease, the sense of pain is lost first, then the temperature sense; next the muscle sense, and lastly the sense of touch. In lesions affecting the centre of the cord, such as syringomyelia, the order is pain, heat, and cold, concurrently with diminution of tactile sensibility.

142. Hyperæsthesia (Exaggerated sensation)

This can usually be distinguished from tenderness by the skin or muscle being unduly sensitive

after it has been raised from the subjacent tissues, and it may be elicited by the lightest brush with the finger. The æsthesiometer is used to record the degree

139-142

HYPERÆSTHESIA—cont.

of sensation left. For this, a rough substitute may be found in a pair of compasses or even in a pair of pointed scissors. Note the minimum distance at which the two points can be detected as being separate

Acute Bronchitis

sternal

Appendicitis

right iliac region

Alcoholism

Arsenic-poisoning

Barlow's Disease

legs and knees

Cerebro-spinal Meningitis

Clavus hystericus

Compression of Cord, I.

Encephalitis

Hyperæmia of Brain

*Hysteria

Injuries of Nerves

especially gunshot wounds

Myelitis, Acute

Meningitis Simplex

Meningitis, Cerebro-spinal

Meningitis, Int. Spinal

Meningitis, Tubercular Spinal

Neuritis, I.

Neuralgia

esp. trigeminal

Neurasthenia

Ovarian Disease

Peritonitis

Pregnancy

Pachymeningitis, Ext. Spinal, I.

Rickets

Spinal Meningeal

Hæmorrhage

Spinal Concussion

Tumours of Brain

143. Anæsthesia (Absence of common sensation)

The upper limit of anæsthesia in the trunk serves as a guide to the localisation of the lesion in the spine

Ague (cold stage) fingers

Aneurysm of Desc. Aorta 3rd and 4th interspaces

Apoplexy

paralysed side, unless pons or medulla be the seat

Apoplexy, Spinal

lower extremities

Anterior Crural Paralysis

thigh, inner side of leg and foot

Compression of Cord, II.

Caisson Disease

Catalepsy (if severe)

Chorea

ANÆSTHESIA—continued

Cerebral Hyperæmia

Cerebral Tumours
esp. of pons

Cerebro-spinal Meningitis (late)

Concussion of Spine

Compression of Cord,
Slow

Diphtheritic Paralysis

Disseminated Sclerosis

Embolism

Exposure to Cold

Fracture of Sup. Maxilla

Friedreich's Disease
legsGeneral Paralysis of
Insane***Hysteria**

Hypertrophy of Brain

Hæmorrhage into Spinal Arachnoid

Herpes zoster
between vesiclesKlumpke's Paralysis
inner side of armLocomotor Ataxy
chest, glans penis, and soles

Lead-poisoning

Lepra anæsthetica

Morvan's Disease

Myelitis, Acute, II.

Myelitis, Chronic

Meningitis Simplex

Meningitis, Spinal (late)

Neuritis

Neuroma

Pressure on Nerve-trunk

Raynaud's Disease

Sciatica

Softening, Chronic (s)

Spinal Pachymeningitis
Ext., II.

Syringomyelia

arms and chest

Transverse Softening of
Cord

lower extremities

Tumours of Cord

Tetany

Typhic state (174)

Thrombosis

Unilateral Lesion of
Cord

if dorsal region, one leg

(See *Unconsciousness*,
1060, and *Numbness*,
151)**144. Anæsthesia Dolorosa**Pain in a part that is both
analgesic and anæsthetic

Compression of Cord

145. Hemianæsthesia (Sensation absent on one side)Due to a lesion involving
the posterior third of
the internal capsule

Apoplexy (x)

143-145

HEMIANÆSTHESIA—cont.

Cerebellar Disease

s. of opposite side

Hemichorea

Heredo-cerebellar

Ataxy

Hysteria

ū. of left side

Occupation Neurosis

Paralysis of 5th Nerve

Thrombosis or Rupture
of Posterior Cerebral
Artery

Tumour of Brain

Unilateral Lesion of
Cord

upper cervical

Unilateral Atrophy of
Brain**146. Muscular Anæsthesia**

Including articular and
tendinous anæsthesia;
these conditions, when
widespread, involve
ataxia and loss of pos-
ture sense. Muscular
anæsthesia may be tested
with two dark bottles of
the same shape and size
—one full, the other
empty

Cerebral Disease, Coarse

Hysteria

Locomotor Ataxy

Neuritis

Syringomyelia

Transverse Myelitis

**147. Analgesia (Insensi-
bility to pain)**

Arsenic-poisoning

Catalepsy, Severe

Diphtheritic Paralysis

General Paralysis of
Insane, II.

Hysteria

often hemianalgesia

Hæmatomyelia

Hystero-epilepsy

Locomotor Ataxy

a zone on the trunk from
the 2nd rib to the um-
bilicus—early

Morvan's Disease

Myelitis

Syringomyelia

Syphilis

Transverse Softening of
Cord**Hyperalgesia** (see *Ten-
derness*, 124)**148. THERMÆSTHESIA
(Sense of temperature)**

This may be determined
with the aid of two test-
tubes filled, one with
hot, the other with cold,
water

149. Lost or diminished

Bulbar Paralysis

General Paralysis

Hæmatomyelia

145-149

Lost—*continued*

Lepa anæsthetica
 Locomotor Ataxy
 Syringomyelia
 Transverse Softening of
 Cord

150. Increased

Cerebro-spinal Meningitis

Degeneration of Cerebral Ganglia

Neuritis

Heat applied to an inflamed part increases the pain when pus is present, but diminishes it when absent

151. Numbness

Appendicitis

right leg—early

Acroparæsthesia

fingers, toes, lips, and tongue

Aura epileptica

Apoplexy (præm.)

Apoplexy, Spinal

Aconite-poisoning

Beri-beri

Bromism

*Circulation, Defective

Hysteria

Hysterical Œdema

Hyperæmia, Spinal

Leprosy

Locomotor Ataxy

Meralgia Paræsthetica

outer side of thigh

Myxœdema

Myelitis, Acute

Neuritis

Neuroma (x)

Neuralgia (præm.)

Pressure upon a Nerve-trunk

Recklinghausen's Disease

Spinal Tumour

Sciatica

Softening, Chronic

Syringomyelia

Tetany

152. Magnan's Sign

A feeling as of sand or worms under the skin

Cocaine Habit

152a. Astereognosis.

Inability to recognise solid bodies by touch. The lesion is usually behind the genu of the fissure of Rolando on the opposite side

Cerebral Hæmorrhage

Cerebral Tumour

or other coarse lesion

153. Itching, Formication, or Tingling

Apoplexy (præm.)

Aura epileptica

149-153

ITCHING—continued

Anæmia of Brain
 Arsenic-poisoning
 Cheiræpompholyx
 Chloasma
 Copaibism
 Dermatitis
 Disseminated Sclerosis
 Desquamation
 Diabetes
 genitals
 Dermatitis Herpeti-
 formis
 Drug Rashes
 Dysidrosis
 Ergotism
 Encephalitis
 Eczema
 Fæcal Accumulation
 Gout
 Hydroa
 Hyperæmia of Brain
 Hyperæmia, Spinal
 Hæmorrhoids
 Hysteria
 Hypertrophy of Heart
 Irritating Clothing
 Irregular Circulation
 Jaundice
 Lichen
 Leucorrhœa
 Locomotor Ataxy
 Meralgia paræsthetica
 thigh

Myelitis
 Meningeal Hæmor-
 hage, Spinal
 Menopause
 pruritus vulvæ
 Nephritis
 Neuritis, i.
 Pediculi, etc.
 Phthiriasis
 Pruritus
 Prurigo
 Pityriasis
 Psoriasis, i.
 Pemphigus (x)
 Pressure on a Nerve
 Scabies
 Spinal Hyperæmia
 Spinal Meningitis
 Syphilitic Spinal Para-
 lysis
 Spinal Apoplexy
 Scleroderma
 Stings
 Sciatica
 Syringomyelia
 Tetany
 Tumours of Brain
 Tumours of Spinal
 Cord
 Urticaria
 Uterine Disease
 Variola
 Worms
 mucous orifices

154. Allochiria

A touch on one side is felt on the opposite side (rare). Allied to this is the pain, or even tenderness, sometimes felt on the side opposite to the lesion; *e.g.* in the left hypochondrium in hepatic colic

Disseminated Sclerosis

Hysteria

Locomotor Ataxy

Myelitis

155. Retarded Sensation

The pain or sensation is felt many seconds after the stimulus (rare)

Locomotor Ataxy

Multiple Neuritis

156. Palpitation

Amenorrhœa

Anæmia

Angina Pectoris

Exophthalmic Goitre

Hysteria

Menopause

Neurasthenia

Spermatorrhœa

Tobacco Heart

157. Heartburn (Cardialgia)

Due to lactic or butyric acid

Cancer of Stomach

Dilatation of Stomach

Gastralgia

Gastritis

Indigestion

esp. of fatty food

Pregnancy

Ulcer of Stomach

158. SUBJECTIVE FEARS**Agoraphobia**

Fear of Space, Bridges, etc.

Anthropophobia

Dislike to Society

Monophobia

Fear of Solitude

Pathophobia

Fear of Disease

Claustrophobia

Fear of Crowds

All the above symptoms point to—

Neurasthenia

159. Præcordial Anxiety or Sinking

Aneurysm

Aortitis

F

154-159

PRÆCORDIAL ANXIETY—
continued

Arsenic-poisoning
 Asthenia in general
 Angina Pectoris
 Atony of Stomach
 Cholera
 Dilatation of Heart
 Displacement of Heart
 Flatulence
 Heart Lesions in general
 Lithæmia
 Melancholia
 Myocarditis, Acute
 Neurasthenia
 Pericarditis
 Syphilitic Heart

160. Girdle Sensation

Ataxic Paraplegia (s)
 Crushing Lesion of Cord
 Locomotor Ataxy (x)

***Myelitis**

Paraplegia
 Spinal Meningitis
 Tumours of Cord

A sprained diaphragm
 from vomiting, etc., pro-
 duces a similar sensation

161. Subjective Heat

Exophthalmic Goitre
 Irritant-poisoning
 Influenza
 Locomotor Ataxy

Menopause

Neurasthenia

Paralysis agitans
 epigastrium and back

Rectum, Cancer of
 (See *Heartburn*, 157)

Cold, Sensation of (see
Chills, 177)

**162. Throbbing, Sensation
 of**

Abscess

Anæmia

Aneurysm

Aortic Regurgitation

Exophthalmic Goitre

Headache, Congestive

Heart, Hypertrophy of

Hysteria

Inflammation, Local

Migraine

Muscular Spasm

Neurasthenia

Palpitation

Palpitating Aorta

(See *Abnormal Pulsa-
 tion*, 264)

163. Of Fulness

Atony of Stomach

Dilatation of Stomach

Emphysema

Fatty Degeneration of
 Heart

Gastric Irritation

159-163

OF FULNESS—*continued*

Gastritis, Chronic
 Gottre, Exophthalmic
 Hypertrophy of Heart
 Hysteria
 in throat—globus hystericus
 Hepatic Enlargements
 Malaria
 Peritonitis, Chronic
 Remittent Fever
 Tympanites

164. Of Weight

Aura epileptica
 Atony of Stomach
 Angina Pectoris
 Asthma
 Apoplexy (præm.)
 Dyspepsia
 Dilatation of Stomach
 Dilatation of Heart
 Displacement of Heart
 Endocarditis, Acute
 Exophthalmic Gottre
 Flatulence
 Gastric Irritation
 Gastritis, Chronic
 Hæmatemesis (præm.)
 Hæmoptysis (præm.)
 sternum
 Hypertrophic Cirrhosis
 of Liver
 Lithæmia
 epigastrium

Syphilitic Liver
 Trichinosis

165. Of Bearing Down

Abortion (threatened)
 Cervicitis
 Congestion of Uterus
 Dysmenorrhœa
 Distension of Bladder
 Enteroptosis
 Fæcal Accumulation
 Hypertrophic Endometritis
 Hypertrophied Cervix
 Inversion of Uterus
 Labour
 Metritis
 Ovarian Cyst
 Prolapsus Uteri
 Periproctitis
 Prostatitis
 Retained Menses or
 Decidua
 Retroversion
 Subinvolution
 Uterine Fibroid or
 Polypus
 (See *Weight*, 164;
 Tenesmus, 55)

166. Of Oppression

Angina Pectoris
 Aortitis
 Asthma, Spasmodic
 Aneurysm

OF OPPRESSION—*cont.*

- *Dyspepsia
- Emphysema
- Exophthalmic Goitre
- Hysteria
- Mediastinal Tumour
- Pericardial Effusion
- (See *Weight*, 164)

167. Faintness (with or without giddiness)

- Anæmia
- Aneurysm
- Angina Pectoris
- Addison's Disease
- Ascites
- Aortic Disease
- Aortic Cusp, Rupture of
- Bradycardia
- Diphtheria
- Dilatation of Heart
- Dissecting Aneurysm
- Emotion
- Exhaustion
- Flatulence
- Fatty Degeneration of Heart
- Heated Air
- Hæmorrhage
- Intercostal Neuralgia
- Leukæmia
- Menière's Disease
- Pregnancy
- Pain, Acute

- Pleural Effusion
(esp. left)
- Perforation of Bowel
- Poisoning by Depressants
- Pneumothorax
- Quickening
- Shock
- Strangulated Hernia
- Tapeworm
- Thrombosis of Pulm. Artery
- (See *Vertigo*, 169)

168. Hutchinson's Mask

A feeling as if the face were compressed

Locomotor Ataxy

169. Vertigo or Giddiness

- Aortitis
- Aneurysm
- Aura epileptica
- Asthenopia, Muscular
- Alcoholism
- Aortic Regurgitation
- Apoplexy (præm.)
- Arterio-sclerosis
- Bulbar Paralysis
(præm.)
- Catalepsy
- *Constipation
- Cervico-occipital Neuralgia
- Cirrhosis of Kidney
- Cinchonism

166-169

VERTIGO—*continued*

Corrosive-poisoning
 Dilatation of Stomach
 'a stomacho læso'
 Disseminated Sclerosis
 Encephalitis
 Epilepsy
 Facial Paralysis (onset)
 Gastritis, Chronic
 Gerlier's Disease
 Hyperæmia of Brain
 Hypertrophy of Heart
 Hydrocephalus, Chr.
 Hæmatoma of Dura
 Mater
 Hereditary Cerebellar
 Ataxy
 Jaundice
 Laryngeal Vertigo
 Lithæmia
 Labyrinthitis
 Labyrinthine Growths
 Menière's Disease
 Migraine
 Neurasthenia
 Petit Mal
 Plague
 Ptomainism
 Stokes-Adams Disease
 Typhus (Invasion)
 Tumour of Brain
 lesions of pons, c. quadri-
 gemina, cerebellum, and
 middle cerebellar pe-
 duncle

Weil's Disease

Also abuse of tea or tobacco
 (See *Gait*, 975; *Mal-
 Co-ordination*, 984)

170. WEAKNESS

171. Lassitude and De-
bility

Anæmia
 Atony of Stomach
 Addison's Disease
 Convalescence from
 Acute Disease
 Chloroma
 Chlorosis
 Carcinoma
 Diabetes
 Dysentery
 Dilatation of Heart
 Exophthalmic Goitre
 Fæcal Accumulation
 Influenza
 Incubation Stage of
 Exanthemata
 Jaundice
 Lipomatosis neurotica
 Leukæmia
 Lithæmia
 Myxœdema
 Neurasthenia
 Nephritis
 Pancreatic Disease
 Phthisis
 Pyelitis, Chronic
 Pyrexia

LASSITUDE—continued

Scurvy

Trypanosomiasis

172. Prostration

Acute Yellow Atrophy

Buhl's Disease

Cancrum Oris

Cholera

Concussion of Brain or
Spine

Diarrhœa (severe)

Dysentery (late)

Embolism of Pulmo-
nary Artery

Endocarditis

Fat Embolism

Gangrene of Lung
Glands

Hepatic Colic

Hæmorrhage

Hyperpyrexia

Inversion of Uterus

Plague

Ptomainism

Quinsy

Relapsing Fever

Tobacco-poisoning

Trichinosis

Typhic state (174)

Tuberculosis, Acute

173. Collapse

Aniline-poisoning

Alcoholism, Acute

Embolism of Pulmo-
nary Artery

Hæmorrhage, Profuse

Hydrophobia (late)

Hernia, Gangrenous

Perforation of Dia-
phragm

Perforation of Stomach

Perforation of Intestine

Pneumo-pericardium

Poisoning by Aconite
and Heart Depres-
sants generally

Rupture of Bladder

Rupture of Heart

Rupture of Liver

Rupture of Uterus

Rupture of Ectopic
Amnion

Rupture of Ovarian Cyst

The three preceding divi-
sions run into one another**174. Typhic State**

Anthrax

Acute Yellow Atrophy

Appendicitis, III.

Dysentery (term.)

Erysipelas (severe)

Endocarditis, Septic

Enteric (severe)

Extravasation of Urine

Hepatic Abscess

Hydatids, Suppurating

Jaundice (severe)

Ptomainism

171-174

TYPHIC STATE—*continued*

Pernicious Malaria
 Plague
 Pyæmia
 Pneumonia, Septic

Phosphorus-poisoning
 Septicæmia
 Scarletina, Malignant
 Typhus, Malignant
 Variola, Malignant

RIGORS AND CHILLS

The beginning of all pyrexial diseases of sudden onset is marked by a rigor or chill.

175. Rigors or Shivering Fits

Appendicitis
 Catheterisation *& etc.*
 Calculus, Passage of
 Diphtheria (s)
 Erysipelas (s)
 Empyema
 Influenza
 Kussmaul's Disease
 Meningitis
 Meningitis, Cerebro-spinal
 Meningitis, Internal Spinal

*Pneumonia, Acute

Pyæmia
 Pyelitis, Acute
 Pelvic Abscess
 Pelvic Peritonitis
 Renal Abscess
 Renal Embolism
 Rheumatism, Acute
 Relapsing Fever

*Intoxications
 infections in Cholera.*

Septicæmia
 Scarletina (s)
 Suppurative Spinal
 Pachymeningitis
 Suppurative Synovitis
 *Suppuration
 onset
 Typhus
 Thrombosis
 Ulcerative Endocarditis
 Variola
 Weil's Disease (onset)
 Woillez's Disease (onset)

176. Recurring Rigors

Ague
 Gallstones
 Glanders
 Pleurisy (s)
 Perinephritis
 Renal Calculus
 Tuberculosis, Acute

174-176

177. Chills

Chiefly in the back
 Ague
 Coryza (s)
 Dysentery
 Erysipelas
 Glanders, i.
 Herpes Laryngis
 Hysteria
 *Influenza
 Locomotor Ataxy
 Myxoedema
 Migraine, i.
 Mumps
 Neurasthenia

Neuritis, i.
 Paralysis agitans
 Pyonephrosis
 Phthisis, Acute
 Pleurisy, Acute
 Periarthritis nodosa
 Remittent Fever
 Rheumatism, Acute
 Syringomyelia
 Sclerosis, Lateral
 Salpingitis
 Spasmodic Spinal Paralysis
 Spinal Meningitis
 Tonsillitis, Follicular

VISION**178. Diplopia (Double vision)**

Alcoholism
 Asthenopia, Muscular
 Belladonna-poisoning (s)
 Conium-poisoning
 Disseminated Sclerosis
 Diphtheritic Paralysis
 Friedreich's Disease
 Gelsemium-poisoning
 Locomotor Ataxy
 Myasthenia Gravis
 Ophthalmoplegia externa
 Paralysis of Third Nerve

Paralysis of Fourth Nerve
 Paralysis of Sixth Nerve
 Tumour of Brain
 (See *Paralysis*, 990)

179. Diplopia, Uniocular

Astigmatism
 Cataract
 Tumour of Brain

180. Hemianopsia

Cerebral lesion on side opposite to that of the blind half
 Abscess, Cerebral
 Acromegaly

177-180

HEMIANOPSIA—*continued*

Gout (x)

Hysteria

Migraine (x)

Rupture or Occlusion
of Posterior Cerebral
ArteryTumour of posterior
part of Internal Cap-
sule, Optic Chiasma,
Optic Tract, or Occi-
pital Lobe**181. Contraction of Visual
Field**

Ataxia, Cerebellar

Choro-retinitis pig-
mentosa

Choroiditis, Exudative

Detached Retina

Disseminated Sclerosis

Embolism of Cerebral
ArteryForeign Body in Cornea,
Lens, or Vitreous

Glaucoma

Hæmorrhage into
Retina

Injuries to Eyeball

Nyctalopia

Opacities in Cornea,
Lens, or Vitreous

Optic Atrophy

Rheumatoid Arthritis

Raynaud's Disease

Scotomata

Syringomyelia

**182. Hemeralopia (Night
blindness)**

Ague

Nephritis

Retinitis pigmentosa

Scurvy

**183. Muscæ Volitantes
(Black specks)**The motion of these is
upward when the cause
is in the vitreous

Anæmia of Brain

Cholera

Duodenal Catarrh

Hysteria

Hypertrophy of Heart

Hyperæmia of Brain

*Liver Disorders

Opacities of Vitreous

Tumour of Brain

**184. Rainbow Edges to
Objects**

Glaucoma

185. Green Vision

Cinchonism (x)

Jaundice
or yellow**186. Sparks or Flashes**

Aura epileptica

Apoplexy (præm.)

180-186

SPARKS—*continued*

Delirium Tremens

Epilepsy

Hyperæmia of Brain

Hypochondriasis

Hysteria

Insanity

Migraine

wavy glimmer

Meningitis

Thrombosis of Cerebral
Vessels**187. Photophobia (Intolerance of light)**

Anæmia of Brain

Arsenic-poisoning

Cyclitis

Choroiditis

Cinchonism

Encephalitis

Gastritis, Acute (s)

Hyperæmia of Brain

Hypertrophy of Brain

Hysteria

Hooping-Cough, i.

Iritis

Keratitis

Migraine

Measles, i., and præm.

Meningitis, i.

Ophthalmia

Retinitis

Trichinosis

Typhus (præm.)

Ulcer or Vesicle of
Cornea**188. Inability to Recognise a Written Word**Alexia (see *Aphasia*,
1001)**189. Amblyopia (Feeble sight)**

Atrophy of Brain

Alcoholism (s)

Bromism

Cinchonism (x)

Diphtheritic Paralysis

Hereditary Cerebellar
Ataxy

Hydrocephalus

Locomotor Ataxy

Migraine

Mercurialism

Salicism

Syringomyelia (x)

Tea, Excess of (x)

Tobacco, Abuse of

Tumour of Brain

190. Amaurosis (Blindness from extra-ocular causes)Anæmia of Brain
transient

Amenorrhœa

Cirrhosis of Kidney (s)

Cerebellar Disease

186-190

AMAUROSIS—continued

Chloroma
Cinchonism
Cerebro-spinal Meningitis
Cerebral Hæmorrhage (s)
Epilepsy
Embolism of Brain
Hydrocephalus

Locomotor Ataxy
Meningitis
Syphilis
Softening of Brain
Suppression of Menses, Sudden
Tumour of Brain
Tobacco, Abuse of
Uræmia
(For **Eyes** see 354)

191. HEARING**192. Deafness**

Adenoids
Atrophy of Brain
Anchylosed Ossicles
Auditory Neuritis
Boil in Meatus
Bromism
Chloroma
Congenital Deafness
Coryza
Cinchonism
Diphtheria
Enteric Fever
Emotions
Eustachian Obstruction
Exanthemata slight
Facial Paralysis in children
Hay Fever

Hysteria
Hydrocephalus
Hæmorrhage, Intracranial
Lead-poisoning (s)
Leukæmia (late)
Locomotor Ataxy (s)
Labyrinth, Tumours and Cancer of
Lesion of Medulla, Pons, or Superior Temporo-sphenoidal Convolution
Menière's Disease, II.
Meningitis esp. basilar
Meningitis, Cerebro-spinal
Mumps
Mental Strain
Measles

190-192

DEAFNESS—continued

Myxœdema
 Nephritis, Chronic
 Nervousness
 Otitis media
 Otitis interna
 Polypi, Nasal
 Polypi, Aural
 Pharyngitis
 Ruptured Tympanum
 Rheumatoid Arthritis
 Salicism
 Shock
 Syphilis
 Typhus
 Uræmia
 Wax in Meatus

193. Exalted Hearing

Convalescence from
 Fevers
 Epilepsy
 Gastritis, Acute
 Hysteria
 Hydrophobia
 Hypochondriasis
 Inflammation of Brain
 or Membranes
 Migraine
 Neurasthenia
 Nervousness
 Tetanus
 Tumours of Brain

194. Inability to Recognise a Spoken Word

Auditory Aphasia (1001)

195. Tinnitus Aurium (Subjective sounds)

Aura epileptica
 Alcoholism, Chronic
 Anæmia of Brain
 Aneurysm of Base of Skull
 Arterio-sclerosis
 Apoplexy (præm.)
 Blow upon Head
 Cinchonism
 Cervico-occipital Neuralgia
 Catalepsy (præm.)
 Cholera
 Delirium Tremens
 Enteric Fever
 Ergotism
 Hypertrophy of Heart
 Hysteria
 Indigestion (s)
 Leukæmia
 Lithæmia
 Mumps
 Meningitis
 Malaria
 Mania
 Menière's Disease
 Otitis, Suppurative
 Obstructed Eustachian Tube

192-195

TINNITUS AURIUM—cont.

Polypus, Nasal or Aural
 Remittent Fever
 Salicium
 Typhus
 Tumour of Brain
 Tapeworm
 Thrombosis, Cerebral
 *Wax in Meatus

196. TUNING-FORK**197. Sound Increased**

Obstructive Deafness
 Over-tension of Mem-
 brane or Ossicles

198. Sound Diminished

Nervous Deafness

199. Positive Rinne

(normal condition)

The tuning-fork placed
 opposite the meatus is
 still audible after it has
 ceased to be heard while
 in contact with the mas-
 toid process

200. Negative Rinne

Inaudible as above
 Defective Sound Con-
 duction

**201. Positive Weber
(Weber +)**

The tuning-fork placed on
 the forehead is heard
 loudest in the deaf ear

Obstructive Deafness

**202. Negative Weber
(Weber -)**

The tuning-fork placed on
 the forehead is heard
 loudest in the sound
 ear

Nerve Deafness in the
 deaf ear

**203. Gardiner-Brown's
Test**

Normally, the vibrations
 of a tuning-fork on the
 mastoid process are felt
 by trained fingers as long
 as the patient hears
 them. If vibrations are
 heard after they have
 ceased to be felt, diag-
 nose :—

Middle Ear Disease

If felt after the patient
 ceases to hear them,

Internal Ear Disease

TASTE

**204. Lost or Impaired
(Ageusia)**

Anæsthesia or Paralysis
of Fifth Nerve

Bulbar Paralysis

Bromism

*Coryza

Facial Paralysis

when chorda tympani is
involved

Hysteria

Nasal Polypus or Ob-
struction

Paralysis of Glosso-
pharyngeal

Rhinitis, Atrophic

Tongue dry or thickly
furred

Tumour of Brain

**205. Perverted (Parageu-
sia)**

Aura epileptica

Hysteria

Insanity (see *Pica*, 49)

206. Foul (Cacogeusia)

Duodenal Catarrh

Dyspepsia

Epilepsy

*Fæcal Accumulation

Gangrene of Lung

Gastric Irritation

Hysteria

Insanity

Jaundice

Lithæmia

Liver Affections

Myxœdema

Peritonitis

Poisoning by Arsenic,
Copper, Mercury,
Lead, Iodides, or
Tartar Emetic

Phthisis

Teeth, Caries of

Typhus

Variola

207. SMELL

**208. Lost or Impaired
(Anosmia)**

It may be lost, on one side
only, in connection with
hemianæsthesia. The

centre for smell is in
the uncinate convolution

Adenoids

Abscess at Root of
Nose

204-208

LOST—*continued*

Aphasia

sometimes unilateral

*Coryza

Cerebellar Tumour

Congenital Absence of
Olfactory Bulbs

Facial Paralysis (s)

General Paralysis
25 per cent.

Hysteria

Hydrocephalus

Injuries to Head

Locomotor Ataxy (x)

Noxious Vapour

Occlusion of Nostrils

Olfactory Neuritis

Olfactory Clefts

Ozæna

Paralysis of Fifth Nerve
from dryness of mucous
membrane

Polypi

Rhinitis, Atrophic

Rhinoliths

Syphilis

Tumour of Brain

post. third of internal
capsule or in uncinate
convolution

Typhus

Tobacco, Abuse of

209. Parosmia or Subjective Smells

Aura epileptica

Empyema of Antrum

Hysteria

Insanity

Influenza

Myxœdema

Meningitis

Tumour of Brain

front of temporo-sphe-
noidal lobe or hippo-
campus**210. SWALLOW****211. Dysphagia**

Angina Ludovici

Aortic Aneurysm

Atlanto-axial Disease

Bronchial Glands, En-
largedCrico-arytenoid Ar-
thritis

Chorea

Cancer of Tongue,
Larynx, Pharynx, or
Œsophagus

Concretions in Tonsil

Diphtheria

Glandular Fever

Glossitis

Goitre (x)

Gumma of Pharynx

208-211

DYSPHAGIA—continued

Hydropericardium
 Herpes of Pharynx
 Impacted Foreign Body
 Laryngitis
 Laryngitis, Tubercular
 Lingual Tonsil, En-
 larged
 Lymphadenoma
 Lupus of Throat
 slight
 Measles
 Mercurial Stomatitis
 Myasthenia Gravis
 Œsophagismus
 Œsophagitis
 Pharyngeal Plaque
 Muqueuse
 Pericardial Effusion,
 Large
 Pharyngitis
 Pharyngitis, Tubercular
 Perichondritis of
 Larynx
 Parotitis
 Pachydermia Laryngis
 Pleural Effusion, Large

Post-pharyngeal
 Abscess
 Ptomainism
 Quinsy
 Scarlatina
 Sarcoma of Pharynx
 Spasm of Pharynx
 Stricture of Œsophagus
 Stomatitis
 *Tonsillitis
 Tonsillitis, Rheumatic
 or Gouty
 Tonsillitis, Septic
 Tonsillitis, Syphilitic
 Typhus
 Tubercle of Pharynx
 Tumour of Media-
 stinum
 Tetanus
 Trichiniasis
 Vincent's Angina
 Volvulus of Œsophagus
 Variola or Varicella
 eruption on fauces
 (See *Paralysis of De-*
 glutition, 999, and
 Spasm of Swallow,
 1045)

PART II

INSPECTION AND OBSERVATION

CONTRACTIONS : s, sometimes ; v, usually ; x, exceptionally ; i, first stage ; ii, second stage ; iii, third stage ; *, the most probable or characteristic disease.

NUTRITION

212. The patient may be described roughly as well or ill nourished, but for exact results he should be weighed and measured, and the result compared with Hutchinson's Table. It is almost impossible to carry this table in one's head. I have therefore devised the following formula, which gives almost identical results : *The weight of a person 5 ft. high should be 115 lb. For every additional inch of stature add 5 lb.* Thus for 6 ft. it would be $115 + (5 \times 12) = 175$; a margin of 20 per cent. either way is consistent with health. In the case of infants the weight for the first month may be taken as 8 lb. At six months this should be doubled, and at thirteen months trebled.

At five years of age a boy should weigh 50 lb. and a girl 40 lb., and both should add 5 lb. for every year of age up till ten. Between ten and sixteen the girl grows faster than the boy ; but after sixteen the boy soon passes her. The body weight is least before breakfast.

213. Development of Fat

Alcoholism
 Chlorosis
 Cretinism
 Cessation of Active
 Habits or Occupation
 Dementia
 Encephalitis (s)
 Lipomatosis neurotica
 Myxœdema
 Menopause
 Mitral Disease (s)
 Pseudo-hypertrophic
 Paralysis
 Rickets
 Sclerosis, Disseminated

**214. Local Muscular
Wasting**

Amyotrophic Lateral
 Sclerosis
 hand, etc.
 Anterior Crural Neuritis
 quadriceps
 Bulbar Paralysis
 tongue, lips, and (later)
 limbs
 Circumflex Paralysis
 deltoid
 Compression of Cord
 Facial Paralysis
 Hip Disease

Idiopathic Muscular
 Atrophy
 including face
 Infantile Paralysis
 Injury to Motor Nerve
 Lead Palsy
 Long Thoracic Neuritis
 serratus magnus
 Myelitis, Acute
 esp. when in lumbar en-
 largement
 Median Neuritis
 pronators
 Morvan's Disease
 Musculo-spiral Neuritis
 supinators
 Neuritis, II.
 Peripheral Paralysis in
 general
 very rapid
 Paralysis agitans
 hand
 Phthisis
 about shoulder muscles
 Poliomyelitis, Anterior
 Polymyositis
 muscles firm
 Pseudo-hypertrophic
 Paralysis
 of latissimus dorsi (in
 strong contrast to the
 infraspinatus)
 Progressive Muscular
 Atrophy
 'main en griffe.' Ball of
 thumb first
 Rheumatism, Old

213-214

MUSCULAR WASTING—*continued*

Sciatica, Old

Syringomyelia

hand first

Spinal Apoplexy

Spinal Tumour

Spinal Paralysis of
Adults, AcuteSpinal Paralysis, Chr.
AtrophicTooth's Paralysis
'bottle thighs'Tubercular Joint
of muscles near itUlnar Neuritis
hypothenar**215. General Wasting and
Cachexia**Children often get thin
when they reach the rest-
less age of four or five

Anæmia

Addison's Disease

Aspergillosis

Bronchiectasis

Bronchorrhœa

Cirrhosis of Stomach

Cirrhosis of Lung

Carcinoma

Constipation, Habitual

Cholera

Cholangitis, Chronic
Fibrous

*Diabetes

Diarrhœa

esp. in infants

Dysentery

Dilatation of Stomach

Duodenal Catarrh

Enteritis

Empyema

Exophthalmic Goitre

Exanthemata, The

Gastritis, Chronic

Growth, Rapid

Hydatids

Hæmorrhages

Intrathoracic Tumours
if obstructing thoracic
duct

Infantile Scurvy

Jaundice

Lactation, Prolonged

Locomotor Ataxy

Menopause

Melancholia

Malaria

Meningitis

Marasmus

Mitral Disease

in children

Mollities Ossium

Measles

even from 3rd day of
incubation

Morphinism

Myelitis, II.

Overfeeding
infants

GENERAL WASTING—*cont.*

Ovarian Cyst

Pelvic Abscess

Phthisis

Peritonitis, Tubercular

Pancreatic Disease

Pyloric Obstruction

Relapsing Fever

Sprue

Stricture of Œsophagus

Suprarenal Tumour

Suppuration, Chronic

Syphilis, Hereditary

Syphilis, Tertiary

Tabes Mesenterica

Trypanosomiasis

Tuberculosis, Acute

Worms (s)

TEMPERATURE

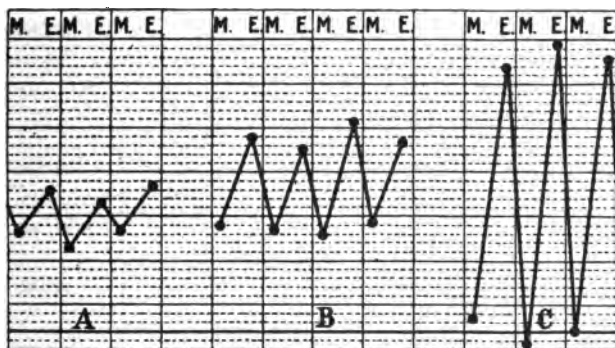


FIG. 2.—TYPES OF TEMPERATURES

A, continued ; B, remittent ; C, severe or septic remittent

216. The Temperature, unless the patient have his own thermometer, may be taken sufficiently well for all ordinary purposes in the armpit. Indeed, considering the difficulty of sterilising the instrument, this is preferable to the mouth, which is, however, half a degree higher. The register must be shaken down first to 97°, or, if it is desired to ascertain a subnormal temperature, as low as it will go. The patient's clothing is then undone in front, the elbow well separated from the side, and the bulb of the thermometer placed midway between the folds of the previously dried

axilla, care being taken that no portion of the clothing intervenes. The elbow is then again brought to the side, the fore-arm being flexed and the hand placed on the breast-bone. Should the instrument feel loose, pressure must be kept up on the outer side of the arm. At the end of three minutes it may be carefully withdrawn, jerking being especially avoided; the bottom of the register will indicate the temperature. It is useful to remember that 37° Centigrade = 98.6° Fahrenheit. To convert them, add 1.8° F. for every degree C.; thus $38^{\circ} = 100.4^{\circ}$, $39^{\circ} = 102.2^{\circ}$, $40^{\circ} = 104^{\circ}$, and $41^{\circ} = 105.8^{\circ}$.

217. Subnormal

- | | |
|------------------------------------|--|
| Often betrayed by cold breath | Heart Disease, Chronic |
| Addison's Disease | Intestinal Obstruction |
| Alcoholic Coma | Myxœdema (94° – 98°) |
| Asthma, Spasmodic | Melancholia |
| *Cholera, Asiatic, to 94° | Malformation of Heart |
| Cholera, Sporadic, to 96° | Phthisis |
| Cerebral Hæmorrhage, II. | morning (s) |
| paralysed side | Pneumonia, Acute |
| Collapse (173) | after crisis (s) |
| Collapse of Lungs | Relapsing Fever |
| Cancer | defervescence |
| Cretinism | Starvation |
| Chloral-poisoning | *Sclerema neonatorum |
| Carbolic-acid-poisoning | sometimes to 72° |
| Cirrhosis of Lungs | Shock |
| Diabetes | Trypanosomiasis |
| Enteric Fever | at intervals |
| mornings only—3rd week | Tubercular Meningitis |
| Hæmorrhage | (late x) |
| | Trance |
| | Uræmic Attack (s) |
| | ** Also antipyretic drugs, cold sponging, etc. |

216-217

218. Local Lowering

Aura epileptica
 one extremity
 Compression of Cord
 Chronic Atrophic
 Spinal Paralysis
 Hysterical Œdema
 Paralysed Limb
 Scleroderma
 Spinal Paralysis of
 Adults, Acute
 Spinal Apoplexy
 limbs
 Syringomyelia
 Transverse Softening of
 Cord

219. Raised, Markedly

The rectal temperature may be raised by muscular exercise in health to 101° or 102°. It should be remembered that some individuals and some families develop a high temperature from very slight causes. In others the reverse is the case.

All inflammatory diseases and the acute exanthemata

Abscess, Acute

Ague

cold stage, 100°-101°; hot stage, 105°

Appendicitis

Aortitis, Acute

Bell's Mania, II.
 Bronchitis, Acute
 Broncho-pneumonia
 Cancrum Oris
 Cystitis
 Cerebro-spinal Meningitis
 Dengue
 Dentition
 Diphtheria
 Dysentery
 Erysipelas
 Extravasation of Urine
 Endocarditis, Acute
 Enteritis, Acute
 Encephalitis
 Empyema
 Febricula
 Gastritis, Erythematous, Acute
 Glaucoma, Acute
 Glandular Fever
 Glanders
 Gout
 Glossitis
 Hepatitis, Acute
 Hepatic Abscess
 Hooping Cough
 invasion
 Hydrocephalus, Spurious
 Hystero-epilepsy
 seizure
 Herpes Pharyngis

218-219

RAISED, MARKEDLY—*cont.*

Influenza
 Infantile Paralysis
 onset 102°–103°
 Labyrinthitis, Acute
 Mania
 Mumps
 Myelitis, Acute
 Measles
 Mediastinal Abscess
 Meningitis, Simple
 Meningitis, Tubercular
 Meningitis, Spinal
 Myocarditis, Acute
 Nephritis, Acute
 Ophthalmia
 Oöphoritis
 Otitis
 Orchitis
 Pelvic Abscess
 Pelvic Peritonitis
 Pelvic Cellulitis
 Phlegmasia dolens
 Pancreatitis, Acute
 Polymyositis
 Peliosis rheumatica
 Psittacosis
 Plague, II.
 Phosphorus-poisoning,
 Acute
 Post-pharyngeal
 Abscess
 Pneumonia, Acute
 Pyelitis, Acute

Pleurisy, Acute
 Perinephritis
 Pericarditis
 Perihepatitis
 Peritonitis, Acute
 Periproctitis
 Phlebitis, Acute
 Phthisis
 Puerperal Septicæmia
 Quinsy
 Renal Embolism
 Roseola
 Rötheln
 Rheumatism, Acute
 Rheumatism, Gonor-
 rhœal
 Relapsing Fever
 Remittent Fever
 Scarlatina
 Splenitis
 Syphilitic Lung
 Spinal Concussion, II.
 Typhus
 Trichinosis
 Tetany
 severe paroxysms
 Tonsillitis
 Tabes mesenterica
 Tuberculosis, Acute
 Tetanus
 Typhic state (174)
 Urticaria febrilis
 Vaccinia
 Varicella

RAISED, MARKEDLY—cont.

Variola, 1., III.
 Woillez's Disease
 Weil's Disease
 Yellow Fever
 Yellow Atrophy, Acute

220. Raised, Slightly or Inconstantly

Apoplexy, II.
 Bronchiectasis
 Cancer of Liver (s)
 Coryza
 Cirrhosis of Lung
 Cirrhosis of Liver,
 Hypertrophic
 Diarrhœa, Irritative
 Exophthalmic Goitre
 Gonorrhœa
 Hæmophilic Arthritis
 Hay Asthma
 Herpes zoster
 Hepatic Colic
 Hyperæmia of Lungs,
 Acute
 Hydrophobia
 Hæmorrhage (præm.)
 Infantile Hemiplegia
 Landry's Paralysis
 onset
 Laryngitis, Acute
 Laryngitis, Spasmodic
 Leukæmia

Lymphadenoma
 esp. in the young
 Metritis
 Mollities Ossium
 Peritonitis, Chronic
 Pernicious Anæmia
 Renal Calculus
 Variola, II.

221. Hyperpyrexia (temp. 106° and upwards)

Occurs occasionally in the following diseases

Ague
 Acute Yellow Atrophy
 Enteric Fever
 Erysipelas
 Hysteria (x)
 Influenza
 Injury to Cord
 cervical portion
 Intermittent, Severe
 Meningitis
 Pneumonia, Acute
 Purulent Spinal Pachy-
 meningitis
 Remittent Fever
 Rheumatism, Acute
 Relapsing Fever
 Sunstroke
 Scarlatina
 Tetanus
 Tumour of Pons
 Yellow Fever

219-221

HYPERPYREXIA—cont.**Uræmia**

The highest temperature ever recovered from is 115°. The temperature sometimes rises after death in diseases of the central nervous system

222. Remittent Type, or Morning Fall

When the remission is of about one degree the expression 'continued fever' is employed, but the term is used with little precision

Appendicitis

Broncho-pneumonia

Cirrhosis of Lung

Enteric Fever

Empyema

Endocarditis, Ulcerative

Hepatic Colic

Leukæmia

Malta Fever

Mollities Ossium

Paratyphoid

Pleurisy, Tubercular

Pyæmia

Phthisis, III.

Rheumatism, Acute

Remittent Fever

Relapsing Fever

Septicæmia

Septic Pneumonia

Trichinosis

Trypanosomiasis, II.

Tuberculosis

223. Inverse Remittent (High Morning Temperature)

Dentition

Enteric Fever (x)

Lobular Pneumonia

*Tuberculosis

224. Intermittent Type

Afebrile intervals of varying duration

Ague

Malaria in general

Pernicious Intermittent

Trypanosomiasis

225. Termination by Crisis

Sudden fall of temperature

Erysipelas

Measles

Paratyphoid (s)

*Pneumonia, Acute

Relapsing Fever

Typhus

226. Termination by Lysis

Gradual fall of temperature

Aspergillosis

Enteric Fever

Lobular Pneumonia

Pleurisy

Psittacosis

Rheumatism, Acute

221-228

TERMINATION BY LYSIS— *continued*

Weil's Disease

And most febrile diseases

227. Sudden Invasion

Endocarditis, Ulcerative

Erysipelas

Gastro-enteritis

Malaria

Mastoiditis

Osteomyelitis

Otitis Media

Pneumonia, Acute

Pyæmia

Scarlatina

Suppuration

Tonsillitis

228. Differential and Special

Enteric Fever

1st week gradual rise, daily remission 2°

2nd week stationary, daily remission 1°

3rd week stationary, daily remission 3° to 5°

4th week gradual return to normal temperature

Meningitis, Tubercular

about 100°, rarely over 102° until approach of death

Meningitis, Simple

usually over 102°, irregular

Pelvic Cellulitis

under 102°

Pelvic Peritonitis
over 102°

Pneumonia, Acute

103° to 105°; morning remissions absent or slight

Scarlatina

high the first four days, then a partial subsidence. Not normal till end of second week

Typhus

1st week 104° to 106°, then one day's remission
2nd week, still higher

Variola

a second rise when pustulation begins

229. Hectic Fever

This usually implies septic poisoning

Abscess, Tubercular
esp. in bones

Dysentery, Chronic

Empyema

Enteric Fever (3rd week)

Hepatic Abscess

Phthisis (late)

Pyonephrosis

Pyelitis, Chronic

Peritonitis, Chronic (s)

Puerperal Fever

Tabes mesenterica

Tubercular Ulceration
of Intestines

Typhic state (174)

(See *Weakness*, 170)

226-229

THE PULSE

230. The normal rate in adult life is about 70. In infants it is 120 to 130, in childhood 100, in adolescence 80 to 90, and in old people 60. Should it be thought desirable to feel the pulse without the patient's knowledge, the temporal artery may be selected. The pulse should not be counted until the patient has become accustomed to the presence of the physician. If the artery appears small, the pulse of the other hand should be felt, as there may be some abnormal distribution. The force of the pulse is roughly determined by placing three fingers on the radial artery and estimating what pressure of the proximal finger is necessary to prevent the pulse being felt by the other two. One of the most important points to determine about the pulse is arterial tension. It is a guide not only to diagnosis, but also to treatment. The tension is high when the artery is full between the beats and can be rolled under the finger like a tendon. The sphygmometer gives more definite results, but some experience of it is necessary before the readings can be relied upon. Pulsus bigeminus can be excluded by counting the heart-beats. The sphygmograph must be learnt from demonstration; it is well to remember that the tracing in a given form of valvular disease is often very different at different stages.

231. Pulse Quick (*Pulsus frequens*)

This is the case in all febrile diseases, except in yellow fever and where there is pressure on the brain. When the pulse is quickened it is the diastole rather than the systole that is shortened. (See *Pyrexia*)

Anæmia
 Aconite-poisoning
 Addison's Disease
 Appendicitis
 Ac. Ascending Paralysis
 Angina Pectoris
 Chlorosis
 Concussion of Brain or Cord
 Coma Vigil
 Collapse
 Chorea
 Collapse of Lungs
 Displaced Heart
 Excitement
 Exertion
 Exophthalmic Goitre
 Epilepsy, II.
 Foreign Body in Heart
 Gout, Undeveloped
 Hæmorrhage
 Hernia, Strangulated
 Irritation of Sympathetic
 by tumours, etc.
 Kussmaul's Disease

Leukæmia
 Lesion of Medulla
 Locomotor Ataxy
 Neurasthenia
 Pernicious Anæmia
 Phthisis, Incipient
 Pregnancy
 Pneumothorax
 Pneumogastric Paralysis
 pressure by tumours, etc.
 Pneumogastric Neuritis
 Pneumonia, Acute
 90 to 120, less than is usual with such a temperature. Pulse respiration ratio $\frac{5}{2}$
 Rheumatoid Arthritis
 Shock
 Sunstroke, Syncopal
 Tachycardia, Paroxysmal
 Typhus
 Typhic state
 uncountable
 Pulsus celer is not necessarily frequent (see 243)

232. Pulse Slow (*Pulsus rarus*)—**Bradycardia**

Arterio-sclerosis
 Asthma, Spasmodic
 Aortic Stenosis
 Atonic Dyspepsia
 Cerebral Aneurysm
 Cerebral Abscess

231-232

PULSE SLOW—*continued*

Cerebral Hæmorrhage

Coma

Colic (s)

Compression of Cord
upper part

Convalescence from

Pneumonia

Cirrhosis of Lung

Diabetes

Diphtheria, after

Ergotism

Fatty Degeneration of
Heart

Gallstones

Gastric Cancer

Gastric Ulcer

Irritation of Pneumo-
gastric
tumours, etc.

Jaundice

Lead Colic

Lesion of Medulla (s)

Melancholia

Myocarditis, Chronic

Meningitis (s)

Meningitis, Tubercular,
II.

Myxœdema

Paralysis of Sympa-
thetic

Relapsing Fever

Stokes-Adams Disease
from 14Syphilitic Heart Affec-
tion

Tumours of Brain

* * Beware of bigeminal
pulse, and of action of
convallaria, digitalis,
strophanthus, conium,
and aconite**233. Pulse Tardy** (*Pulsus tardus*)Slow rise and descent of
the pulse wave—tension
high

Angina Pectoris

Aneurysm (s)

Aortic Stenosis

Arterio-sclerosis .

Contracted Kidney

234. Hard (*Pulsus durus*)

Atheroma

or, if combined with hyper-
trophy of heart, 'bound-
ing'

Aortic Stenosis

Apoplexy

*Cirrhosis of Kidney

Diphtheritic Laryngitis

Enteritis

Gout

Hypertrophy of Heart

Lead Colic

Pleurisy, Acute

Pericarditis, Acute

Peritonitis, Acute

232-234

235. Soft and Compressible or Weak (*Pulsus mollis*)

Anæmia
 Atony of Stomach
 Aortitis
 Asthma, Spasmodic
 Asphyxia
 Aneurysm of Heart
 Broncho-pneumonia
 Cancer of Stomach
 Concussion of Brain
 Cholera
 Colic
 Coma Vigil
 Collapse
 Diphtheria
 Delirium Tremens
 Dysentery
 Dilatation of Heart
 Glanders
 Gout, Undeveloped
 Gallstones
 severe attack
 Hæmorrhage
 Hyperpyrexia
 Mitral Regurgitation
 Poisoning by Depressants
 Pulmonary Apoplexy
 Pyæmia
 Pyrexia (219)
 Perinephritis
 Pericarditis, II.

Rheumatism, Acute
 Syncope
 Sunstroke
 Shock
 Strangulated Hernia
 Trance
 Typhus
 Typhic state

236. Weaker on one Side

Aneurysm of Ascending Aorta
 right side
 Aneurysm of Descending Aorta
 left side
 Aneurysm of Innominate Artery
 right side
 Aneurysm of Subclavian, Axillary, or Brachial
 same side
 Abnormal Distribution
 Embolism of Brachial Artery
 old or recent
 Hydrothorax
 Mediastinal Tumour
 Pneumothorax
 Tumour of Neck

237. Weak in Posterior Tibials

Abnormal Distribution
 Abdominal Aneurysm
 Obliteration of Aorta

235-237

238. Later in Left Radial
Aneurysm between In-
nominate and Left
Carotid

239. Late in both Pulses
Aortic Regurgitation

240. Full or Large (*Pulsus magnus*)

Aortic Regurgitation
aortic form

Concussion of Brain, III.
Erysipelas, I.

Hypertrophy of Heart
Hypertrophy with Dila-
tation

Pericarditis
Rheumatism, Acute
Spinal Meningitis

241. Small (*Pulsus parvus*)

Aortic Stenosis
Angina Pectoris
Ague (cold stage)
Atrophy of Heart
Asthma (paroxysm)
Broncho-pneumonia
Collapse (173)
Collapse of Lungs
Cholera
Dysentery
Dilatation of Heart
Endocarditis
Emphysema
Ergotism

Enteric Fever
third week

Fibroid Heart

Gangrene of Lungs

Gallstones

Gout, Undeveloped

Hyperpyrexia (221)

Intestinal Obstruction

Mitral Stenosis

Myocarditis

Noma

Pneumonia, Acute
late

Peritonitis, Acute

Pleurisy, I.

Pneumothorax

Pericardium, Adherent

Scarlatina

Strangulated Hernia

Typhus

Typhic state

242. Wave Sustained

Aortic Obstruction
if associated with left
hypertrophy

Contracted Kidney

Hypertrophy of Heart

Mitral Stenosis

243. Jerky (*Pulsus celer*)

Tension low

*Aortic Regurgitation

'water-hammer' or Corri-
gan's pulse—more evi-
dent when the arm is
raised

238-243

JERKY—continued

Collapse
Debility
Enteritis
Fatty Degeneration of Heart
Hæmorrhage
Pericarditis (s)
Pernicious Anæmia

244. Arrhythmia

Pulse irregular, or intermittent, or both
Arterio-sclerosis of Left Coronary
usually every third beat dropped
Aortic Aneurysm
Apoplexy, Severe
Aneurysm of Heart
Arsenical-poisoning
Adherent Pericardium
Cardiac Breakdown
Collapse (173)
Concussion of Brain, III., or Spine
Dilatation of Heart
Displacement of Heart
Emphysema
Endocarditis, Malignant
Fatty Degeneration of Heart
Fibrosis of Heart
Gout, Undeveloped
Gangrene of Lung

Hypochondriasis
Influenza
Jaundice
Lithæmia
Lesion of Medulla
Myocarditis, Acute
Mitral Regurgitation
Neurosis of Heart
Neurasthenia
Œdema Laryngis
Pericarditis
Syphilitic Heart
Tubercular Meningitis, III.

Also from senility, overwork, or abuse of tea or tobacco

245. Dicrotic

Alcoholism
Erysipelas
Enteric Fever
Hyperpyrexia
Pericarditis
Pleurisy, Acute, II.
Peritonitis, Septic

***Pyrexia (219)**

Also on exposure to great heat

246. Anacrotic

Aortic Stenosis

247. Irritable

Accelerated from slight causes

Dysentery

243-247

H

IRRITABLE—continued

Enteric Fever, 1st week

Hysteria

Masturbation

Neurasthenia

Spermatorrhœa

Also from nervousness or
abuse of tea or tobacco**248. Thrilling**

Anæmia

Aneurysm

Aortic Regurgitation

with strong ventricle

Septicæmia

249. Atheroma and Tortuosity

Arterio-sclerosis

Aneurysm

Fatty Degeneration of
Heart

Senility

Atheroma of the radials
does not necessarily
indicate the same con-
dition in the aorta**250. Pulsus Bigeminus**Only every alternate beat
felt. There is also a
Pulsus Trigeminus and
a Pulsus Quadrigeminus

Epileptiform Attacks

Heart Failure

Mitral Stenosis

esp. after digitalis

Neurasthenia

It also occurs after great
mental or bodily strain**251. Pulsus Bisferiens**

(Double beat)

Aortic Stenosis (s)

Aortic Regurgitation (s)

252. Pulsus ParadoxusSmaller and less frequent
during inspiration

Acute Laryngitis

Emphysema

Enteric Fever (x)

Mediastinitis

Pericardial Effusion (s)

Pericardial Adhesions

esp. if mediastinal

253. ARTERIAL TENSIONThe normal tension, estimated in mm. of mercury,
ranges from 95 in athletic adults to 120 in middle age.**254. High Tension**Powerful ventricular con-
traction with contracted
arterioles

Arterio-sclerosis

Angina Pectoris

Bronchitis, Chronic

Cirrhosis of Kidney

Constipation

247-254

HIGH TENSION—*cont.*

Cerebral Tumour, I.
 Cheyne-Stokes Breathing (869)
 Dilatation of Aorta
 Emphysema
 Glycosuria
 Gout (v)
 Hemispheres
 Hypertrophy of Heart
 Hysterical Seizure
 Lead-poisoning
 Malaria (cold stage)
 Migraine
 Meningitis, I.
 Pregnancy
 Pleurisy, Acute, I.
 Rigor

And all kidney affections
 except the amyloid, the
 suppurative, and the
 tubercular

Further, too nitrogenous
 or too liquid a diet

255. Low Tension

Heart weak and arterioles
 dilated; diastole well
 marked

Anæmia (s)
 Asthma
 Chlorosis
 Dilatation of Heart
 Diabetes
 Exhaustion
 Fatty Degeneration of
 Heart
 Hæmorrhage
 Jaundice
 Mitral Regurgitation
 Obesity
 Pleurisy, Acute, II.
 Pyrexia (219)
 Trypanosomiasis

It is also produced by a
 dry diet, by hot air, hot
 baths, or hot drinks, and
 by the action of chloral,
 cannabis indica, nitrite
 of amyl, nitroglycerin,
 and nitrous ether

256. THE SPHYGMOGRAPH



FIG. 3.—THE POINTS OF A SPHYGMOGRAM

257. LINE OF ASCENT

Vertical (low tension)

Vigorous heart-contractions or relaxed arterioles

Aortic Regurgitation

Oblique (high tension)

Weak heart-contractions

Aortic Stenosis

Aneurysm

proximal side

Mitral Regurgitation

High

Easy capillary circulation

Aortic Regurgitation

Pyrexia

Low

Obstructed peripheral circulation and contraction of muscular coat

Aneurysm

Mitral Regurgitation

256-257

258. SUMMIT OR PERCUSSION WAVE**Sharp**

Vigorous heart-contractions, easy capillary circulation, and relaxed muscular coat—tension low

Aortic Regurgitation

Blunt

Weak heart-contractions and contracted muscular coat—tension high

Aneurysm

proximal side

Aortic Stenosis

Arterio-sclerosis

259. TIDAL WAVE**Marked (high tension)**

Vigorous heart-contractions and obstructed peripheral circulation

Arterio-sclerosis

Aortic Stenosis

Faint

Weak heart-contractions, or, if strong, associated

with over-full arteries; easy capillary circulation and relaxed muscular coat

Aneurysm

proximal side

Aortic Regurgitation

Mitral Regurgitation

260. DICROTIC WAVE**Marked (low tension)**

Vigorous heart-contractions, easy capillary circulation, and relaxed muscular coat

Aneurysm of Descending Thoracic or Abdominal Aorta

Pyrexia

(See *Dicrotic Pulse*, 245)

Faint (high tension)

Weak heart; or strong heart with over-full arteries, obstructed peri-

pheral circulation, and contraction of muscular coat

Aortic Regurgitation
late

Arterio-sclerosis

Aneurysm

proximal side

Aortic Stenosis

Mitral Regurgitation

261. Line of Descent Irregular

Mitral Stenosis

Mitral Regurgitation

258-261

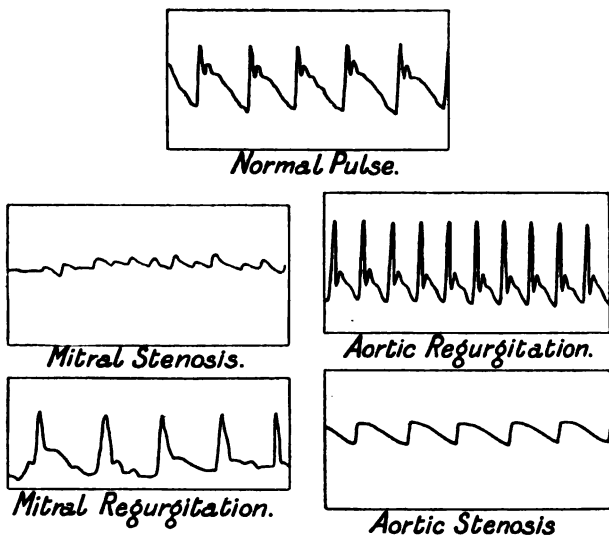


FIG. 4.—TYPICAL SPHYGMOGRAMS

The tracings will vary according to the degree of compensation.

263. Base Line Undulating

Dyspnoea due to affections of the medulla

Tubercular Meningitis
(See *Cheyne-Stokes Breathing*, 869)

264. ABNORMAL PULSATION

265. Chest

Aneurysm

An aneurysm of the ascending aorta first touches the chest wall in the second right space near the sternum; of trans-

verse arch, behind manubrium; of descending arch, below first left rib; of innominate artery, behind right sternoclavicular articulation
There is no pulsation when the sac is solid

262-265

CHEST—continued

Appendix, Hypertrophied Left

2nd and (s) 3rd left space—
præsysstolic

Bursting of an Artery
into an Abscess
Cavity

Cancer of Pleura

Dilated Aorta
suprasternal notch

Dilated Conus Arteriosus

second left space

Dilated Right Auricle
3rd, 4th, and 5th right
spaces

Displaced Heart
2nd to 5th right spaces

Empyema (x)
all one side

Empyema necessitatis

Hypertrophy and Dilatation of Right Ventricle

3rd, 4th, 5th, and 6th
spaces near left sternal
edge

Mitral Stenosis
third left space

Pleural Effusion
very rarely

Pulmonary Artery, Pulsating
2nd and 3rd left spaces
near sternum

Pulsating Sarcoma
'eggshell crackling'

Tumour of Mediastinum
(s)

Pulsation in the supra-
sternal notch is found
normally in thin elderly
persons and in many
neurotic subjects

(For **Pulsating Veins**
and **Tracheal Tug**,
see *Neck*, 513, 522)

266. Abdomen

Aneurysm

Cancer

Embolism of Common
Iliacs

Palpitating Aorta

Tumours (x)

267. Pulsating Liver

Mitral Stenosis

Aortic Regurgitation

Tricuspid Regurgitation

268. Epigastric Pulsation

Anæmia

Aortic Regurgitation

Aneurysm

*Distension of Stomach

Dilatation of Right
Ventricle

Displacement of Heart
to Right

265-268

EPIGASTRIC PULSATION—
continued

Dilatation of Stomach

Emphysema

Hypertrophy of Right
Ventricle

Hæmorrhage

Hepatic Abscess

Mitral Regurgitation

Mitral Stenosis

Pleural Effusion, Left

Palpitating Aorta or
Celiac Axis

Pulmonary Stenosis

Pancreas, Enlarged

Spinal Irritation

Short Sternum

Tricuspid Regurgitation

Tumour resting on
Aorta**269. Capillary Pulsation**Visible either in the nails
or on a patch of ery-
thema — produced by
drawing a line across
the forehead or sternum

Anæmia (s)

Aortic Regurgitation

Chlorosis

Heart-muscle Failure

Hæmorrhage, Severe

Pernicious Anæmia

SKIN

270. The presence of œdema is ascertained by making a depression with the end of one finger, and immediately afterwards brushing the pulps of the other fingers across it. If the depression is still palpable, there is œdema. Dermatographia, which includes tache cérébrale, is elicited by drawing a line with the back of the nail across the skin; after a few seconds a red streak should appear and remain visible for about half a minute; in the case of urticaria, a wheal may follow. A chronic unhealthy flush, such as patients commonly complain of as being no guide to their condition, may usually be distinguished from a healthy colour by the presence of twigs of dilated arterioles and venules. To detect parasitic fungi, soak the hair or scales in ether, transfer them to the slip, and drop on them a little dilute liquor potassæ before putting on the cover-glass. Jaundice may be distinguished from other yellow discolorations of the skin by the conjunctiva being also involved; but care must be taken not to be deceived by the subconjunctival fat which gives a yellow colour to many persons' eyes.

271. Dry (Anidrosis)

Ascites

Anasarca

Ague (hot stage)

Atrophy, Senile

Cretinism

Compression of Cord,

Slow

270-271

DRY—*continued*

Dysidrosis
 Diabetes
 Enteric Fever
 Gout (attack)
 Influenza
 Ichthyosis
 Kidney, Cirrhosis of
 Myxœdema
 Melancholia
 Perinephritis
 Peritonitis, Chronic
 Psoriasis
 Prurigo
 Rheumatoid Arthritis
 except hands
 Syringomyelia
 affected limb
 Scleroderma
 Scurvy
 Tumour of Brain
 Trypanosomiasis
 Xeroderma

* * A dry skin is the normal
 condition in many per-
 sons

272. Clammy

Angina Pectoris
 Arterio-sclerosis
 Arsenic-poisoning
 Alcoholic Coma
 Collapse (173)
 Colic
 Delirium Tremens

Hepatic Colic
 Intestinal Obstruction
 Lead-poisoning
 Menière's Disease
 Rheumatoid Arthritis
 hands
 Shock
 Syncope
 Sunstroke
 Thrombosis, Cerebral

273. General Sweating

*Ague, III
 Apoplexy
 Bronchiectasis
 night
 Broncho-pneumonia
 Debility
 Defervescence
 Diaphoretics
 Dilated Stomach
 Dropsy, Cardiac
 Epilepsy
 Emotions
 Exophthalmic Goitre
 Fatty Degeneration of
 Heart
 Glanders
 Gout, II.
 Hydatid of Lung
 night
 Influenza
 Phthisis
 night
 Polymyositis

271-273

SWEATING—*continued*

Pyæmia

Pyonephrosis

Pneumonia

Pulmonary Osteo-
arthropathy

Remittent Fever

Relapsing Fever

Renal Colic

*Rheumatism, Acute

Spinal Apoplexy

Septicæmia

Trichinosis

Tuberculosis

274. Partial SweatingBromidrosis
feet and axillæFacial Hemihypertrophy
affected sideHemiplegia (x)
unilateralIntrathoracic Aneurysm
or Tumour
side of faceMigraine
unilateralRickets
headSuppurative Parotitis
unilateral**275. Chyloserous Sweat**

Chyluria (rare)

**276. Bloody Sweat (Hæmi-
drosis)**General Paralysis of
Insane

Hysteria

Rupture of Capillaries
into Sweat Ducts

Self-inflicted Punctures

**277. Coloured Sweat
(Chromidrosis)**It usually occurs in neu-
rotic young women

Green or blue

iron or copper internally

Red

bacteria

Yellow

jaundice

278. Odorous SweatAddison's Disease
negro-like

Favus

mousy

Glanders

sour

Hepatic Abscess

liverish

Jaundice

musky

Osmidrosis

cheesy

Peritonitis

musky

Rheumatism, Acute

sour

273-278

ODOROUS—*continued*

Scurvy
 offensive
 Uræmia
 ammoniacal
 Variola
 greasy

Pallid Skin (see *Face*,
 325)

279. Yellow Skin

Anæmia of dark persons
 Bruises, III.
 Chlorosis
 Hæmorrhage
 *Jaundice (331)
 Nitric-acid Stains
 Pernicious Anæmia
 lemon
 Paroxysmal Hæmo-
 globinuria
 Yellow Fever
 Xanthelasma
 esp. eyelids

* * Yellow palms are said to
 be common in enteric
 fever, but they also occur
 in functional liver affec-
 tions

**280. Pigmented or Bronzed
 Patches**

*Addison's Disease
 Acanthosis nigricans
 warty
 Abdominal Tumours (s)
 Arsenic-poisoning

Cancerous Cachexia
 Diabetes (s)
 Exophthalmic Goitre
 Freckles
 Hæmochromatosis
 Kidney, Contracted (s)
 Lepra anæsthetica
 Leprosy
 Melano-leucodermia
 Morphæa
 Melanotic Liver
 Malarial Cachexia
 Pediculosis
 Pregnancy
 Pellagra
 Rheumatoid Arthritis
 Recklinghausen's Dis-
 ease
 Scurvy
 Syphilis (s)
 Tinea versicolor
 Tuberculosis (s)
 Urticaria pigmentosa
 Winkel's Disease
 Xeroderma

* * Also from intermittent
 pressure (garters, collar-
 stud), from the use of
 vesicants or oil of cade,
 and from exposure to
 the electric arc light

281. Grey

Argyria
 Antifebrin
 slaty anæmia

278-281

282. White Patches

Facial Hemiatrophy
 Keloid
 Leprosy
 Leucoderma
 pigmented border
 Morphæa
 not hard
 Neuritis
 Raynaud's Disease
 'local syncope'
 Scleroderma
 hard
 Scars

Cyanosis (see *Face*, 325)

283. Thickened

Abscess, Impending
 Arsenic-poisoning
 soles and palms
 Cellulitis
 Erysipelas
 Ichthyosis
 Keratosis
 Keloid
 Lichen ruber
 Leprosy
 Paralysis agitans, II.
 Phlebitis
 Scars
 Scleroderma
 Sclerema
 Sclerodactyla
 fingers and face
 (See *Edema*, 287)

284. Red

Acute Articular Osteitis
 Abscess
 Chilblain
 Cirrhosis of Kidney
 or reddish brown
 Cellulitis
 Erythema
 Erythema nodosum
 Erysipelas
 Erythromelalgia
 Gout
 Lymphangiectasis
 Neuritis (x)
 Rubefaciens
 Scalds and Burns
 Synovitis, Acute
 Scarletina
 (See *Erythema*, 295 ;
 Face, 325)

**285. Sudamina and Mili-
aria**

Cheiopompholyx
 Enteric Fever
 Hyperidrosis
 Meningitis, Cerebro-
 spinal
 Malignant Fevers
 Phthisis
 Pneumonia, Acute
 Rheumatism, Acute
 Relapsing Fever
 Trichinosis

282-285

286. Petechiæ and Ecchymosis

Ague
Amyloid
Anæmia
Antipyrin
Arsenic
Antitoxin, Diphtheric
Barlow's Disease
Blows
 some persons, esp. females,
 bruise from very slight
 causes

Buhl's Disease
Cancer of Liver
Cerebro-spinal Meningitis

Chloroma
Cirrhosis of Liver
Chloralism
Dysentery
Dilatation of Heart
Diphtheria
Enteric (x)
Erythema multiforme
Hæmophilia
Iodism
Iodoform

Infective Endocarditis
Jaundice
Leukæmia
Locomotor Ataxy
Measles
Malignant Fevers
 esp. variola and typhus

Myelitis
Myositis hæmorrhagica
Neuritis, Alcoholic
Nephritis
Psittacosis
Plague
*Purpura hæmorrhagica
Pernicious Anæmia
Phthisis (s)
Peliosis rheumatica
Pyæmia
Quinine
Remittent Fever
Rupture of Vein
Rupture of Muscle
 if of T. Achilles, 'H shape'
Rheumatism, Acute (s)
Scurvy
Snake Poison
Septicæmia
Sulphonah
Typhic state (174)
Valvular Disease
Weil's Disease
Yellow Atrophy, Acute
Yellow Fever

287. Œdema and Anasarca

Abscess
Angeioneurotic Œdema
Anthrax (s)
Amyloid (late)
Atrophy of Heart

286-287

Rocky Mt. fever.
Japanese blood fever.

ŒDEMA AND ANASARCA—
continued

Aortic Disease (x)
very advanced cases
Aortic Aneurysm
Anæmia
Beri-beri
Buhl's Disease (s)
Bronchitis, Chronic (s)
Cellulitis
Cirrhosis of Liver
termination
Cirrhosis of Lung
Dilatation of Heart
Diabetes (late)
Displaced Heart
Erysipelas
Empyema
affected side (s)
Emphysema (late)
Erythromelalgia
Extravasation of Urine
Fatty Degeneration of
Heart
Fibroid Disease of
Heart
Glanders
Gout
Hysterical Œdema
bluish, not pitting
Hypertrophy of Heart,
II.
Malformation of Heart
Mitral Regurgitation

Myxœdema
not pitting
Nephritis, Acute and
Chronic
Neuritis (x)
Pericardium, Adherent
Pneumo-peritonæum
epigastrium
Perinephritic Abscess
lumbar region
Pleural Effusion
same side (x)
Polymyositis
Suppurative Synovitis
Scurvy (feet)
Syphilitic Disease of
Heart
Trichinosis
Tricuspid Regurgitation
Urticaria
Varicose Veins
(See *Limbs*, 602 ;
Face, 325)

**288. Circumscribed
Œdema**

Aneurysm of Asc. Aorta
if intra-pericardial, right
nipple ; if extra-pericar-
dial, fourth right carti-
lage
Aneurysm of Transverse
Aorta
above left clavicle
Appendicitis (x)
Caries of Sternum
Encysted Pleurisy

287-288

CIRCUMSCRIBED ŒDEMA—
continued

Empyema

Hepatic Abscess

Hydatids of Lung

Hernia of Lung

Mediastinal Tumour or
Abscess

Mastoid Abscess

Necrosis

Osteomyelitis

Perinephric Abscess

Poisoned Wounds

Parotitis

Pericarditis, Purulent

Rickets (x)

Stings

Tumour of Chest Wall

Thrombosis of Sinus
scalp

Tubercle of Ribs

289. Blue Œdema

Asthma, Spasmodic

Hysteria

non-pitting

Mitral Disease

Syringomyelia

(See *Cyanosis*, 335)

**290. Emphysema, Inter-
stitial**

Pneumothorax (s)

Perforation of Œso-
phagus, Stomach, or
Bowel (x)

Rupture of Air Cells
from shouting, coughing,
lifting, etc.

Ulceration of Larynx

Wound of Lung, Mouth,
Larynx, or Intestine

291. Inelastic Skin

Atrophy, Senile

Coma

Cholera

Enteric Fever

Meningitis

Paralysis agitans

Syphilis, Hereditary

Typhus

Typhic state (174)

292. Glossy Skin

Anasarca

Gout

Injury to Nerves

Leprosy—non-tuber-
culated

Neuritis

Syringomyelia

Stretched Skin

from any cause

293. Desquamation

Sequel of dermatitis of
some kind

Antipyrin Rash

Copaiba Rash

Dengue

288-293

DESQUAMATION—*cont.*

- Erythema (s)
- Erysipelas
- Enteric Fever (x)
- Eczema
- Favus
 - yellow
- Gout
- Herpes
- Ichthyosis
- Lupus
- Measles
 - branny
- Morphia Rash
- Psoriasis
- Pityriasis
- Pityriasis rubra
 - flakes
- Quinine Rash
- Ritter's Disease
- Rötheln
 - slight
- Scurvy
 - legs
- *Scarlatina
 - from 7th day to about 7th week. Flakes are less common than formerly
- Syphilis
- Seborrhœa
 - fatty scales
- Tinea tonsurans
- Xeroderma
- ** Working men desquamate on the palms when out of employment

294. Scars follow

- Anthrax
- Abscess
- Acne rosacea
- Burns
 - if deep
- Boils
- Carbuncles
- Ecthyma (severe)
- Gangrene
- Gummata, Suppurating
- Herpes zoster
- Lupus vulgaris
 - bluish, papery
- Lupus exedens
- Lupus syphiliticus
 - large
- Lupus erythematosus
- Ulcers
- Varicella (s)
- Variola
- Wet-cupping
- Wounds

Linear scars follow overstretching of the skin from œdema, pregnancy, abdominal tumours, obesity, etc. (lineæ albicantes)

295. Erythema

- Arnica
- Antipyrin
- Antitoxin Injection
- Arsenic

293-295

ERYTHEMA—*continued*

Bromism
 Belladonna
 Boric Acid
 Copaiba
 Croton Oil
 Cerebro-spinal Meningitis
 Chloral
 Cubebs
 Dengue
 Extravasation of Urine
 Erythema simplex
 E. scarlatiniforme
 common after operations
 —throat normal
 Erythema Infectiosum
 circular patches beginning
 on face
 Erysipelas
 'Fourth Disease'
 Gout
 Hydroa, i.
 Influenza
 sometimes scarlatiniform
 Intertrigo
 Iodism (x)
 Leprosy
 Malingering
 Ptomainism
 Phlebitis
 Pellagra
 Primula Obconica
 contact with
 Polymyositis

Quinism
 Rubefacients
 Rhubarb
 Raynaud's Disease
 Ritter's Disease
 Rötheln
 Sulphonal
 Salicylic Acid
 Scarlatina
 neck first—punctate
 Urticaria
 around wheals
 Variola (x)
 prodromal stage

296. Macules

Dermatitis herpetiformis
 Erythrasma
 Freckles
 Lupus
 Nævus
 Roseola (s)
 Syphilis
 Spilus
 Typhus
 mulberry—chiefly on abdomen

297. Papules

A papule may be the first stage of a vesicle, pustule, or crust
 Antitoxin Injection
 Anthrax, i.
 Copaiba Rash

295-297

PAPULES—continued

‘Caterpillar Rash’

Dermatitis herpetiformis

Enteric Fever

lenticular—several crops,
chiefly about hypochondria

Influenza

Lichen

Lichen ruber

flat and sometimes umbilicated

Measles

face first; spots isolated
at first, afterwards
grouped

Miliaria Papulosa

Psittacosis

Phthiriasis

Paratyphoid

Prurigo

Rötheln

Roseola

Scabies

Syphilis

Variola

first 3 days of eruption—
face and wrists first

Varicella, i.

several crops

298. Vesicles

Anthrax

Arnica externally

Antimony externally

Arsenic-poisoning,

Chronic

Bromism

Cheiropompholyx

Dermatitis repens

Dermatitis herpetiformis

Eczema

Grocer's Itch

Glanders

Herpes zoster

track of a nerve, v. rt.
intercostal

Herpes iris

rings

Herpes simplex

Miliaria

Syphilis

Scabies

esp. between fingers

Sudamina

Sulphur Inunction

Varicella, i.

12th to 36th hour of disease,
not umbilicated, collapse
on pricking, several
crops, fluid rarely turbid.
Size variable, more numerous
on trunk than
on face and limbs

Variola

3rd to 6th day, umbilicated,
do not collapse on pricking,
single crop, become turbid
before drying up. Size uniform,**297-298**

VESICLES—continued

most marked on face and extremities. More on back than on chest and abdomen

299. Bullæ

Blisters
Burns
Cheiropompholyx
Dermatitis herpetiformis
Erysipelas
Gangrene, i.
Glanders
Iodism (s)
Leprosy
Morvan's Disease
Meningitis, Cerebro-spinal
Pemphigus
Raynaud's Disease
 black and symmetrical
Rupia, i.
Scalds
Syringomyelia
 affected limb
Scurvy
 containing blood
Syphilis, Hereditary

300. Pustules

Anthrax
Bromism
Ecthyma
Eczema pustulare
Glanders

Impetigo contagiosa

Porriago
Scabies
Sycosis
Variola
Varicella (x)

301. Superficial Nodules

Or 'Tubercles'

Acne
Bromism
Carcinoma, Secondary
Epithelioma
Elephantiasis
Iodism (x)
Keloid
Lupus
Molluscum
Neuroma
Phyma
Recklinghausen's Disease
 generalised neuro-fibromata
Rodent Ulcer, i.
Sycosis
Scrofula
Syphilis
Vitiligo
Warts
Yaws

302. Gangrene

Arsenic-poisoning

298-302

GANGRENE—*continued*

Atheroma
 Diabetes
 Ergotism
 Embolism
 Iodides
 Locomotor Ataxy
 Orthoform
 Pyæmia
 Quinism
 Raynaud's Disease
 Senility
 Trauma

303. Crusts

A crust may be the last stage of an eruption which began as a papule

Acne sebacea
 fatty
 Eczema
 Ecthyma
 Favus
 yellow 'scutula'
 Impetigo
 Leprosy
 Mycosis Fungoides
 with tomato-like growths
 Rupia
 Ringworm (s)
 Sycosis
 Scabies
 Variola

304. Organisms

Achorion Schönleinii
 (Favus)
 Acarus scabiei
 (Itch)
 Bacillus Acnes
 (Acne Area Seborrhœa)
 Flask-shaped Bacilli
 (Seborrhœa, area)
 Larvæ of Flies
 (Myiasis)
 Microsporon Audouini
 (Ringworm—90 per cent.
 of London cases)
 Microsporon furfur
 (Pityriasis versicolor)
 Microsporon Minutissimum
 (Erythrasma)
 Microsporon mentagrophytes
 (Sycosis)
 Morococcus of Unna
 (Eczema)
 Microbacillus of Sabouraud
 (same as B. Acnes)
 Pediculus corporis
 (Phthiriasis)
 Pediculus Capitis
 Pediculus Pubis
 Pulex penetrans
 Trichophyton Megalosporon Endothrix
 (Ringworm)

302-304

ORGANISMS—continued

Trichophyton Megalo-
 sporon Ectothrix
 (Ringworm, esp. Kerion)
 (See *Bacteria*, 922)

305. Wheals

Angeioneurotic Œdema
 Cerebro-spinal Menin-
 gitis
 Dengue
 Dermatitis herpeti-
 formis
 Gastro-enteritis
 Polymyositis
 Peliosis rheumatica
 Tapeworm

***Urticaria**

Also Nettle-sting and
 the following drugs :

Antipyrin
 Antimony
 Antitoxin
 Bromides
 Copaiba
 Iodides
 Morphine
 Quinine
 Santonin
 Sulphonal

306. Ulcers

Simple

Inflammatory

u. lower part of shin,
 angry, sharp edges

Eczematous**Cold**

fingers and toes

Senile**Tubercular**

on neck or near a joint,
 oval or confluent, bleed
 easily, edges under-
 mined, pink areola

Scorbutic

'bullock's liver crusts'

Gouty

superficial, over gouty
 joints

Syphilitic, Tertiary

circular, with abrupt edges
 and dark red areola

Lupous**Rodent****Cancerous**

secondary deposit in glands

Varicose**Œdematous**

œdematous granulations
 usually imply diseased
 bone

Hæmorrhagic**Irritable****Inflamed****Indolent**

u. on leg

Phagedænic

HEAD

**307. Shape and Size
Altered****Acromegaly**

enlarged bones (esp. inf. maxilla) and soft parts

Achondroplasia

large and broad, 'bulldog' type

Cretinism

large, flat-topped

Hydrocephalus

large and spherical

Hypertrophy of Brain

even enlargement

Infantile Hemiplegia

flattened on one side

Idiocy, Microcephalic

small and triangular, with apex at crown

Idiocy, Macrocephalic

large and irregular

Leontiasis Ossea

large and globular, with pronounced orbits

Mongolian Imbecility

short and spherical

Myxœdema

large, with 'full-moon face'

Osteitis deformans

large, with triangular face

Rickets

quadrilateral profile; high, square, and prominent forehead

Syphilis, Hereditary

depressed sutures
'hour-glass' or 'hot-cross bun' head

308. FONTANELLES

These should all close before the end of the second year

309. Bulging**Hydrocephalus****Hyperæmia of Brain****Meningitis****Tumour of Brain****Ventricles, Effusion into****310. Depressed****Anæmia of Brain****Cholera****Diarrhœa****Marasmus**

307-310

DEPRESSED FONTANELLES

—*continued*

Spurious Hydrocephalus

Wasting Diseases

311. Late in Closing

Hydrocephalus

Rickets

312. Large Fontanelles

Cretinism

Hydrocephalus

*Rickets

Syphilis, Hereditary

313. Sutures, Broad

Cretinism

Hydrocephalus

Rickets

314. Overlapping SuturesInfantile Wasting Diseases (see *Depressed Fontanelles*, 310)**315. Craniotabes**

Areas of thinned bone in occipital and parietal regions

Hydrocephalus

Rickets

Syphilis

316. Swellings on Head

Abscess

Cysts, Sebaceous

Cephalhæmatoma neonatorum

Hernia Cerebri

Meningocele

Nævi

Nodes

Trauma

Head Fixed (see *Stiff Neck*, 509)**317. Voluminous**

Inability to support the weight of the head; normal under 2 months

Hydrocephalus

Idiocy

Multiple Neuritis (s)

Myasthenia Gravis

Rickets

318. Retracted

Cerebro-spinal Meningitis

*Basilar Meningitis
tubercular or simple

Hystero-epilepsy

Int. Spinal Meningitis

Strychnine-poisoning

Tetanus

Tumours of Brain
subtentorial

Typhic state (s) (174)

319. Oscillating

Aortic Aneurysm

Arterio-sclerosis

antero-posterior—systolic

310-319

OSCILLATING—*continued*

Epilepsy

Friedreich's Disease

Hereditary Cerebellar

Ataxy

Menière's Disease

*Rickets

320. Oedematous

Abscess

Anasarca

Erysipelas

Furuncle in Meatus

behind ear

Glanders

forehead

Mastoid Periostitis

Otitis interna, Suppurating

behind ear

Thrombosis of Lat.

Sinus

behind ear

Thrombosis of Superior

Longitudinal Sinus

forehead

(See *Anasarca*, 287)**321. Enlarged Veins**

Hydrocephalus

Tubercular Meningitis

Tumours of Neck

Thrombosis of a Sinus

322. Matted Hair

Eczema

Neglect

Pediculosis

Plica Polonica

323. Baldness or Thin Hair

Anæmia

Arsenic-poisoning

Convalescence from
Fevers

Cretinism

Enteric Fever

Exophthalmic Gout

Erysipelas

Facial Hemiatrophy
on wasted side

Gout

Hydrocephalus

Inheritance

Myxœdema

Mongolian Imbecility

Phthisis

*Seborrhœa

Syphilis

Senility

Thallium Acetate,
Action of**324. Bald Patches**

Alopecia Areata

Eczema (s)

Favus

Folliculitis Decalvans

Facial Hemiatrophy

Gummata

Ichthyosis

319-324

BALD PATCHES—cont.

Lupus erythematosus

Keratosis

Morphæa

Psoriasis

*Ringworm

Rickets

back of head

Scars

Sclerodermia

Seborrhœa

Variola

FACE

Pallor is chiefly of importance when the patient is known to have had a good colour previously. It is normal in night-workers and those who have insufficient sunlight.

325. Pallid

Angina Pectoris

Aortic Regurgitation

Atony of Stomach

Arsenic-poisoning

Arterio-sclerosis

Asthma, Spasmodic
or cyanosed

Amyloid

*Anæmia

Aortic Stenosis

Atrophy of Heart

Amenorrhœa

Alcoholic Coma

Chloroma

Concussion of Brain

Compression of Brain
termination

Chlorosis

in blondes

Collapse

Colic

Cholera

Cancer of Pancreas

Dilatation of Heart

Dysentery

Epilepsy, I.

Exophthalmic Goitre

Gastric Irritation

Hæmorrhage

Hæmatocele

Inversion of Uterus

Kussmaul's Disease

Leukæmia

Lymphadenoma

Malaria

Menorrhagia

Myxœdema

waxy

Menière's Disease

Mercurialism

Mitral Stenosis, I.

Myocarditis, Acute

Nephritis, Chronic

324-325

PALLID—continued

Ovarian Disease
 Pernicious Anæmia
 lemon colour
 Phthisis, I.
 Petit Mal
 Plague
 Rheumatoid Arthritis
 Spinal Concussion
 Syncope
 Shock
 Trance
 Tubercular Meningitis
 alternating with flushes
 Thrombosis of Pulmo-
 nary Artery
 Tuberculosis
 Tabes mesenterica
 Uterine Fibroid

326. Flushed

Apoplexy
 Ague
 hot stage
 Alcoholism, I.
 Cancrum Oris
 one cheek
 Concussion of Brain, III.
 Dyspepsia
 Enteric Fever, III.
 hectic
 Fevers, I.
 Hysterical Convulsions
 Open-air Life

Phthisis, III.

hectic

Pneumonia, Acute
 Pleurisy, Acute
 Remittent Fever
 Rheumatism, Acute
 Uterine Tumours

A flushed face is not in-
 consistent with anæmia

Acidosis.

327. Transient Flushes

Amenorrhœa
 Constipation
 Enteric Fever
 Exophthalmic Goitre
 Indigestion
 *Menopause
 Neurasthenia
 Nitroglycerin
 Nitrite of Amyl
 Tubercular Meningitis

328. Twitchings

Blepharospasm
 Chorea
 Convulsions
 Epilepsy
 Exophthalmic Goitre
 of levatores palpebrarum —
 'Abadie's sign'
 Hysteria
 Muscular Asthenopia
 Meningitis
 Strychnine
 Tetanus

325-328

TWITCHINGS—continued

Tic-douloureux

- Also mimicry and habit
(See *Clonic Spasms*,
1029)

329. Venous Stigmata

Patchy redness with groups
of enlarged venules

Alcoholism

Cirrhosis of Liver

Erythromelalgia

Facial Hemihypertrophy

Paroxysmal Cough

Vomiting, Chronic

330. Earthy or Sallow

Anæmia of Dark Persons

Atony of Stomach

Cirrhosis of Liver

Chlorosis

greenish grey

Cancerous Cachexia

Colitis

Constipation

Duodenal Catarrh

Enteritis, Chronic

Exophthalmic Goitre

Facial Hemiatrophy

parchment-like yellowish
patches

Fæcal Accumulation

Fatty Degeneration of
Heart

Gastritis, Chronic

Hepatic Abscess

Lead-poisoning

Mediastinitis

Pleurisy in Children

Pernicious Anæmia

lemon colour

Rheumatoid Arthritis

Syphilis, Hereditary

'café au lait'

(See 281)

331. JAUNDICE**332. Nervous**

Anxiety

Concussion of Brain (x)

Fright

Fourth Ventricle, Lesion
of

Menstruation (x)

333. Obstructive

(a) INTRINSIC

Obstruction of duct-wall
or lumen

Congenital Deficiency
of Duct

Catarrh of Bile-ducts

Chronic Fibrous Chol-
angitis

Distomata

Foreign Bodies from
Intestines

328-333

Intermittent ?
Causes -

OBSTRUCTIVE—continued

Gallstones

'Inspissated Bile' (?)

Roundworm

in bile-duct

Stricture of Duct

spasmodic or organic

Tumefaction of Duct-wall

(b) EXTRINSIC

Pressure upon duct or its branches

Aneurysm

abdominal aorta, hepatic artery, or superior mesenteric artery

Cancer of Liver, Duodenum, Pancreas, Right Kidney, or Omentum

Cirrhosis of Liver

Cyanotic Liver

Duodenitis

Duodenal Scar from old Ulcer

Fæcal Accumulation (x)

Hepatitis, Acute (x)

Hepatic Glands, Enlarged

Hepatic Abscess (x)

Hydatids

Icterus neonatorum

Lymphadenoma

Movable Kidney (rt.)
intermittent

Perihepatitis

from contraction

Peritonitis (s)

from contraction

Pneumonia, Acute

slight

Pancreatitis, Acute (s)

Pregnancy (x)

Syphilitic Liver

Tumours of Duodenum,

Kidney, Liver, Pan-

creas, Ovary, Omen-

tum, Stomach, or

Uterus

334. Toxæmic

Ague

Acute Yellow Atrophy

Buhl's Disease

Cirrhosis of Liver

Endemic Jaundice

Endocarditis, Ulcera-
tive (s)

Hæmorrhage

Influenza (s)

Pyæmia

Poisoning by Antimony,
Chlorate of Potash,
Copper, Liquid Chloroform,
Mercury,
Phosphorus, or Snake-
venom

Pernicious Intermittent

Remittent Fever

Relapsing Fever

Weil's Disease

333-334

JAUNDICE—continued

Winkel's Disease

Yellow Fever

335. Lividity or Cyanosis

Due to insufficient air
reaching the blood, or
vice versa

Aneurysm of Heart

Aneurysm, Intra-
thoracic (s)

Aniline-poisoning

Ague (cold stage)

Ascites, Extreme

Asthma, Spasmodic

Asphyxia

Bronchitis, Acute

Broncho-pneumonia

Bronchial Glands, Enld.

Bulbar Paralysis

Collapse of Lung

Cancrum Oris

one cheek

Croup, Spasmodic

Dilatation of Heart

Displaced Heart

Dyspnœa, Acute (874)

Epilepsy, II.

Emphysema (late)

Foreign Body in Air-
passages

Glossitis, Acute

Hernia, Diaphragmatic

Hooping Cough

paroxysm

Hydrothorax, Sudden
Hypertrophy of Right
Ventricle

Hypostatic Congestion
of Lungs

Intercostal Rheumatism

Laryngitis, Acute

*Malformation of Heart

Mitral Disease

Myocarditis, Acute

Mediastinal Tumours

Mediastinitis

Nitrobenzene

Œdema of Lung

Œdema Laryngis

Paralysis, Abductor

Paralysis of Diaphragm

Paralysis of Respira-
tory Muscles

Pernicious Intermittent

Pericarditis

Pericardium, Adherent

Pericardial Effusion

Peritonitis, Acute (s)

Pleurisy

Pleurisy, Diaphragmatic

Pneumothorax

Pulmonary Apoplexy

Pneumonia, Acute

Poisoning by Strych-
nine, Antipyrin, Anti-
febrin, Phenacetin,
Hydrocyanic Acid,
Opium

Sunstroke (s)

334-335

LIVIDITY—*continued*

Tetanus
 Thrombosis of Pulmonary Artery
 Trypanosomiasis
 in patches
 Tympanites
 Winkel's Disease

336. Sides Unequal

Congenital Asymmetry
 Congenital Torticollis
 Facial Hemihypertrophy
 Facial Hemiatrophy
 Facial Paralysis, Old
 esp. if dating from childhood
 Infantile Paralysis, Old
 Paralysis of Cervical Sympathetic

337. Flapping Cheek

Apoplexy
 Coma
 Facial Paralysis
 Diphtheritic Paralysis
 ** Unilateral toothlessness
 may be misleading

338. Pinched Face

Atrophy
 Ague (cold stage)
 Cholera
 Colic
 Collapse (173)

Death, Impending
 Facies Hippocratica
 Diarrhoea
 Dysentery
 Enteric Fever
 Gangrene of Lung
 Hæmorrhage
 Idiopathic Muscular Atrophy
 Perforation of Stomach or Bowel
 Phthisis
 Remittent Fever
 Rheumatoid Arthritis
 Spinal Caries
 Strangulated Hernia
 Sclerodermia
 Tuberculosis
 Tabes mesenterica
 Wasting Diseases (215)

339. Swollen Face

Abscess
 Acromegaly (s)
 not pitting
 Angeioneurotic Edema
 Actinomycosis
 lower jaw
 Anthrax
 Anasarca (287)
 Boils
 Cancrum Oris
 one cheek
 Chloroma
 temples

335-339

SWOLLEN—continued

Cretinism
 Dacryocystitis
 Dropsy etc. of Antrum
 Dental Abscess
 Dengue
 Emphysema, III.
 Erysipelas
 Enlarged Bronchial
 Glands (s)
 Exophthalmic Goitre
 Hydrocephalus (s)
 Hooping Cough
 Leprosy (leontiasis)
 Mumps
 Myxœdema
 not pitting
 Mediastinal Tumour
 Œdema, Circumscribed
 Acute
 Œdema (287)
 Pneumothorax
 Sclerema
 not pitting

Scurvy

Trypanosomiasis
 Trichinosis
 Thrombosis of Superior
 Longitudinal Sinus
 forehead
 Thrombosis of Cavern-
 ous Sinus
 Urticaria
 Variola, Confluent
 A puffy face is also common
 in wasted infants

340. Jadelot's Traits*Labial Line*

A line extending outwards
from angle of mouth

Respiratory Diseases*Nasal Line*

A line starting from the
nose and forming a semi-
circle round the mouth

Digestive Diseases**EXPRESSION**

In organic aphasia, the expression sometimes represents the opposite, or a different, emotion ; so that a distressed look may be indicative of pleasure. The observation has doubtless been made by others ; but, if so, I have found no record of it.

341. Vacant

Adenoids

Anæmia

Bulbar Paralysis

339-341

VACANT—*continued*

Collapse
 Cretinism
 Diphtheritic Paralysis
 Dementia
 Enteric Fever
 Facial Paralysis
 Hydrocephalus
 Hysteria
 Idiocy
 Idiopathic Muscular
 Atrophy
 Landouzy-Déjérine's
 Paralysis
 Myasthenia Gravis
 Myxoedema
 sad
 Neuritis
 Optic Thalamus, Lesion
 of
 Plague
 Paralysis of Insane,
 General
 Paralysis Agitans
 'Parkinson's mask'
 Typhus
 Tetanus, I.
 Worms

342. Anxious ('Anxietas')

Appendicitis
 Angina Pectoris
 Spasmodic Asthma
 Aneurysm
 Colic

Dyspnoea, Acute (874)
 Dysentery
 Diaphragmatic Pleurisy
 Empyema
 Emphysema, Interstitial
 Fatty Degeneration of
 Heart
 Fractured Ribs or
 Sternum
 Glossitis, Acute
 Gangrene of Lung
 Hydrophobia
 Hepatic Abscess
 Intestinal Obstruction,
 Acute
 Injuries, Severe
 Laryngitis, Acute
 Laryngitis, Diphtheritic
 Lead Colic
 Myocarditis, Acute
 Edema Laryngis
 Pneumonia, Acute
 Perihepatitis
 Pneumothorax
 Pleurisy, Acute
 Pericarditis
 with lips retracted
 Peritonitis, Acute
 Strangulated Hernia
 Septicæmia
 Uræmia

343. Threatening

Delirium Tremens
 or suspicious

341-343

THREATENING—continued

Encephalitis
Hydrophobia
Mania

344. Unmeaning Grimaces

Chorea
Hereditary Cerebellar
Ataxy
Hydrocephalus
Hysteria
Insanity
Malingering
Strychninism

Spasm of Facial Nerve
Tic Convulsif
Tetanus
(See *Twitchings*, 328)

345. Risus Sardonicus

Abdominal Cancer
Inflammation of Dia-
phragm
Peritonitis
Strychnine-poisoning
Spasm of Facial Nerves
Tetanus
Ulceration of Intestine

EARS**346. Tophi**

Gout in system

347. Hæmatoma (Blood tumour)

It is much commoner on
the left ear

Dementia
Epilepsy
General Paralysis
Idiocy
especially in males
Mania
Melancholia
Trauma

348. Waxy

Addison's Disease

Anæmia
Chlorosis
Frostbite, II.
Leukæmia
Myxœdema
(See *Pallor*, 325)

349. Livid

Cold
Cyanosis (335)
Dyspnœa (874)
Malformation of Heart

350. Swollen

Abscess
Blows
Inflamed Tophi

343-350

SWOLLEN—continued

Nævus

Œdema (287)

351. Gangrenous

Frostbite, III.

Raynaud's Disease

Trauma

352. Bleeding from Meatus

Caisson Disease

Fracture of Base of
Skull

Polypus

Rupture of Membrana
Tympani

Trauma

**353. Otorrhœa (Discharge
from meatus)**Caries of Temporal
Bone

Eczema of Meatus

Fracture of Base of Skull
cerebro-spinal fluid

Furuncle in Meatus

Otitis media, Chronic
fetid

Pachymeningitis

Polypus
blood-stainedThrombosis of Lateral
SinusA sequela of Measles,
Mumps, Scarlatina,
Teething, Diphtheria,
or Tonsillitis* * Liquid cerumen is some-
times mistaken for pus

EYES

354. Eyes.—The reaction of the pupil to light is ascertained by first covering the eyes with the hand, and then, with a bright light directly in front of the patient, suddenly removing the hand and noting the rapidity with which the pupil contracts; it should be so great as to be difficult to follow. The reaction to accommodation is determined by directing the patient to look at the surgeon's finger at sixteen inches distance; the finger is then made to approach the eyes and the effect upon the pupils is noted.

355. Ophthalmoscope. — To examine the fundus oculi with the ophthalmoscope, the pupil must first be dilated with a few drops of atropine solution; the patient should be seated in a darkened room, and a bright light provided with a lens front placed on his left side, on a level with, and a little behind, his eyes. The observer sits facing him on a somewhat higher chair, with a space of eighteen or twenty inches between the two heads; he then looks through the hole in the mirror, holding the latter at such an angle as to throw a beam of light upon the patient's eye. This is the direct method. The indirect examination consists in interposing a lens of about two-inch focus; this is held an inch or so in front of the patient's eye with the finger and thumb of the disengaged hand, and steadied by resting the remain-

354-355

ing fingers on his forehead. To see the optic nerve the patient is told to fix his gaze upon the tip of the surgeon's more distant ear, and the observer by means of a slight circumductory motion of the lens is able to inspect the entire fundus. The yellow spot is best seen by directing the patient to look through the hole in the mirror; assistance may be obtained from most sitters by telling them to turn their gaze in specified directions.

EYELID

356. Ecchymosed

Barlow's Disease
Endocarditis, Infective
Fracture of Base
Hooping Cough
Hæmophilia
Injuries
Purpura hæmorrhagica
Scurvy
Straining
Thrombosis, Cerebral
Typhus, Malignant
Variola, Malignant
Vomiting

357. Swollen

Anasarca (287)
Angeioneurotic Œdema
Arsenic-poisoning
Anæmia
lower lids
Cyst of Lid
Dacryocystitis

Erysipelas
Frontal Sinus Distension
upper lid
Glaucoma (s)
Glanders
Hay Fever (x)
Hooping Cough
sometimes ecchymosed
Injuries
Iodism
Mediastinitis
Measles (s)
Myxœdema
Retching
Stings
Stye
Thrombosis of Cavernous Sinus
Thrombosis of Long. Sinus
Tenonitis
Trachoma
Trichinosis

355-357

SWOLLEN EYELID—*cont.*

Urticaria

Varicella (s)

Variola (s)

358. Darkened

Amenorrhœa

Anæmia

in dark persons

Chlorosis

Hepatic Colic (severe)

Leucorrhœa

Menstruation (s)

Menorrhagia

Phthisis

Scurvy

359. Localised Swellings

Chalazion

Dacryocystitis

Epithelioma

Hordeolum

Tophi, Gouty

Warts

Xanthelasma

flat and yellow

360. Nictitation (Blinking)

Asthenopia

Chorea

Catalepsy, II.

Epilepsy

Hysteria

Paralysis Agitans

Reflex Irritation

worms, cold, dentition, etc.

Tumours

pressing on facial nerve

Temporal Caries**Trigeminal Neuralgia****361. Drooping (Ptosis)**

Apoplexy

Acute Ascending Paralysis

Bulbar Paralysis

Cerebro-spinal Meningitis

Concussion of Brain

Conium-poisoning

Diphtheritic Paralysis

Exophthalmic Goitre

Facial Paralysis

(basal)

Facial Hemiatrophy

Gelsemium, Poisoning by

Gummata

Locomotor Ataxy

Myasthenia Gravis, I.

Neurasthenia

transient

Orbital Disease

Ophthalmoplegia externa

Paralysis Agitans

*Paralysis of Third Nerve or of Sympathetic

Trigeminal Neuralgia

(s)

357-361

PTOSIS—continued

Trachoma
 Tetanus (x)
 Tumour of Crus
 Tubercular Meningitis

362. Always open (Lagophthalmos)

Contraction of Scars
 Exophthalmic Goitre
 Facial Paralysis
 Leprosy
 Landouzy's Paralysis
 Tumour of Orbit

Incomplete closure during sleep is common in prostration from any cause

363. Stellwag's Sign

Increase in size of palpebral fissure out of pro-

portion to the exophthalmos

Exophthalmic Goitre

364. v. Graefe's Symptom

The upper eyelid follows the downward movement of the eyeball instead of accompanying it

Exophthalmic Goitre

365. Crusted Edges

Eczema
 Intestinal Irritation
 esp. worms
 Ophthalmia
 Sycosis Tarsi
 Styne
 Tinea Tarsi

366. Blue Secretion

Chromidrosis

SCLEROTIC**367. Pearly**

Anæmia
 Addison's Disease
 Chlorosis
 Nephritis
 Phthisis

368. Yellow

Alcoholism
 Jaundice (331)
 Melancholia
 Subconjunctival Fat

CONJUNCTIVA

369. Dry

Collapse

Lagophthalmos (362)

Trigeminal Anæsthesia

370. Watery

Asthenopia

Alcoholism, Chronic

Asthma, Spasmodic

Chlorosis

Coryza

Dacryocystitis

Displacement of Punctum

Facial Paralysis

Foreign Body

Hay Fever

Hooping Cough, i.

Iodism

Influenza

Irritants

Landouzy's Paralysis

Measles (early)

Neuralgia of Fifth Nerve

Obstruction of Nasal Duct

Typhus (prodr.)

371. Purulent Discharge

Conjunctivitis—

Simple

Diphtheritic

Gonorrhœal

Tubercular

372. Injected or Blood-shot

Arsenic-poisoning

Coryza

*Conjunctivitis

Facial Paralysis

Foreign Body

Hooping Cough, i.

Hay Fever

Influenza

Irritating Gases, etc.

Iodism

Iritis

around cornea

Measles

Meningitis simplex

Neuralgia of Fifth Nerve

Pachymeningitis

373. Ecchymosed

Blows

Epilepsy

Fracture of Base

Hooping Cough

Straining or Vomiting

Thrombosis of Cavernous Sinus

Ulcerative Endocarditis

374. 'Sloppy'

Bright's Disease

Myxœdema

369-374

EYEBALLS**375. Fixed**

Cavernous Thrombosis
 Epilepsy, i.
 Exophthalmic Goitre
 Korsakoff's Disease
 as regards upward or downward motion
 Ophthalmoplegia externa
 Petit Mal
 Tenonitis

376. Nystagmus (Oscillating)

The patient should be told to look quickly to one side

Albinism
 Abscess, Cerebellar
 Ataxic Paraplegia
 Bulbar Paralysis
 Chorea
 Cerebral Hæmorrhage
 Cerebro-spinal Meningitis
 Convulsions
 Congenital Cataract
 Disseminated Sclerosis
 Friedreich's Disease conjugate
 Hereditary Cerebellar Ataxia
 Hydrocephalus, Chronic
 Idiocy

Insanity

Locomotor Ataxy (x)
 Multiple Neuritis
 Miner's Nystagmus
 Meningitis, Basal
 Neurasthenia
 Optic Atrophy (s)
 Opacities of Cornea
 Progressive Muscular Atrophy
 Post-epilepsy
 Primary Spastic Paralysis
 Retinal and Choroidal Affections
 Spasmus nutans
 Syringomyelia
 Thrombosis of Lateral Sinus
 Tumours of Cerebellum, Crus, or Pons
 Rarer forms of nystagmus are the vertical and the rotary

377. Bright

Belladonna-poisoning
 Delirium
 Exophthalmic Goitre
 Flushed Face (326)
 Hyperæmia of Brain
 Hypertrophy of Heart
 Mania

375-377

BRIGHT—continued

Pleurisy, Acute

Pyrexia (219)

378. Protruding (Exophthalmos or Proptosis)

Aneurysm of Orbit

Arthritis, Rheumatoid
children

Asthma, Spasmodic

Apoplexy

Barlow's Disease

Chloroma

Convulsions

Dyspnœa (873)

Delirium Tremens

Distension of Frontal
Sinus

Epilepsy

Exostosis of Orbit

Exophthalmos, Inter-
mittent

on stooping only

Exophthalmic Goitre

Encephaloid

Glioma

Hydatids of Orbit

Hydrocephalus

Hypertrophy of Heart

Lachrymal Gland, En-
larged

Leontiasis Ossea

Ophthalmoplegia

Paralysis of Third Nerve

Retrobulbar Hæmor-
rhage

Scurvy (x)

Tenonitis

Thrombosis of Superior
Longitudinal SinusThrombosis of Cavern-
ous Sinus

Tumour of Antrum

Tumour of Orbit

Vomiting, Persistent

379. Sunken (Enophthalmos)

Atrophy of Eyeball

Collapse (173)

Cancerous Cachexia

Cholera

Diarrhœa

Dysentery

Diabetes

Enteric Fever

Facial Hemiatrophy
one only

Hæmorrhage

Phthisis

Wasting Diseases (215)

380. Enlarged Orbit

Abscess

Aneurysm

Cancer

Exostosis

Glioma

377-380

ENLARGED ORBIT—cont.

Hydatids
 Lachrymal Gland, En-
 larged
 Leontiasis Ossea

381. Strabismus (Squint)

Acute Ascending Para-
 lysis

Diphtheritic Paralysis

Facial Hemiatrophy

Facial Paralysis
 (basal)

Flatulence (Infants)
 temporary

Gout (x)

Hydrocephalus

Hæmorrhage, Cerebral

Hooping Cough

Hypermetropia

Hysteria
 never divergent

Locomotor Ataxy

Lesion of Pons
 double convergent

Ophthalmoplegia ex-
 terna

Paralysis of Third Nerve
 (990)
 external

Paralysis of Sixth Nerve
 (993)

internal

Spasm of Muscles

Syringomyelia (s)

Syphilitic Deposits

Trigeminal Neuralgia (s)

Tumour of Brain

Tubercular Meningitis

382. Arcus Senilis

Of little value

Atheroma

Arterio-sclerosis

Fatty Degeneration of
 Heart

Senility

**383. Keratitis (Inflamma-
tion of Cornea)**

Diabetes

Exophthalmic Goitre

Meningitis

Paralysis of Fifth Nerve

Syphilis, Hereditary
 interstitial

Starvation

Tumour of Orbit

Tuberculosis

**384. Corneal Reflex
Abolished**

Coma (46)

PUPILS DILATED (MYDRIASIS)

Normally the pupil should be 4 mm. in diameter.

385. One Dilated

Aneurysm of Aorta
 Aneurysm of Innominate
 Cataract
 Choroid Disease
 Glaucoma
 General Paralysis
 Paralysis of Third Nerve
 Tubercular Meningitis
 Tumour of Neck
 Tumour of Brain

386. Both Dilated

Amaurosis
 Anæmia
 Aortic Regurgitation
 Asphyxia
 Acute Yellow Atrophy
 Anæmia of Brain, II.
 Alcoholic Coma
 Apoplexy (profound)
 Concussion of Brain
 Diphtheritic Paralysis
 Dyspnœa
 Dementia, Acute Primary
 Emotion, Strong
 Epilepsy, II.
 Glaucoma
 Hydrocephalus

Hysteria
 Melancholia
 Myelitis, Acute cervical portion
 Meningitis Simplex, II.
 Meningitis, Tubercular, II.
 Nausea
 Neurasthenia
 Nitrous Oxide
 Pain, Acute
 Ptomainism
 Poisoning by
 Aconite, II.
 Alcohol
 Belladonna
 Conium
 Chloroform
 Chloral
 Cocaine
 Cyanides
 Duboisine
 Hyoscyamus
 Stramonium
 Tobacco
 Syncope
 Sunstroke, II.
 Stupor
 Trance
 Thrombosis, Cerebral

385-386

PUPILS CONTRACTED (MYOSIS)**387. One Contracted**

Aneurysm of Aorta (s)
 Amaurosis of Spinal
 Origin
 Cerebral Hæmorrhage
 General Paralysis
 Klumpke's Paralysis
 Locomotor Ataxy (s)
 Migraine
 Paralysis of Sympa-
 thetic
 Syringomyelia
 Tumour of Neck

388. Both Contracted

Anæmia of Brain, I.
 Apoplexy (u)
 Cerebral Hyperæmia (u)
 Cerebral Irritation
 Concussion of Brain, III.
 Compression of Brain, I.
 Caries, Cervical
 Delirium Tremens
 Hæmorrhage into Pons,
 Cerebellum, or Ven-
 tricle
 Hæmatoma of Dura
 Mater
 Iritis
 adhesions
 Locomotor Ataxy
 Meningitis, I.

Meningitis, Cerebro-
 spinal
 Morphinism
 Mania
 Mitral Stenosis
 Photophobia (187)
 Retinitis
 Sunstroke, I.
 Sleep, Healthy
 Tubercular Meningitis
 Typhus
 Poisoning by
 Aconite, I.
 Opium
 Physostigma

389. Margin Irregular

Iritis, Rheumatic
 Iritis, Syphilitic
 Synechia, Anterior
 Trauma

**390. Pupils Sluggish or
Irresponsive to Light
(Light-reflex)**

Asphyxia
 Apoplexy
 Atrophy of Brain
 Cataract
 Coma (46)
 Cerebral Tumour
 Compression of Brain

387-390

SLUGGISH—continued

Epilepsy, II.

Hysteria (s)

Hydrocephalus

Hydrocephalus, Spurious

Meningitis, II.

Ophthalmoplegia interna

Optic Atrophy (402)

Optic Neuritis (401)

Syringomyelia

Tumour of Brain

391. Cutaneous Pupil-reflex

Pinching the skin of the cheek or neck causes dilatation of the pupils

Lost

Adhesions

Cervical Cord Lesion

Cervical Sympathetic Lesion

General Paralysis

Glaucoma

Locomotor Ataxy

392. Hippus

Rhythmical oscillation of pupil on exposure to light independently of respiration

Disseminated Sclerosis

Epilepsy

General Paralysis

Hysteria

Leptomeningitis

Meningitis

Spasmus nutans

393. Wernicke's Sign

The pupil reacts when the light falls upon the blind part of the retina

Hemianopsia

that form due to a lesion on the *proximal* side of the primary optic ganglia

394. Paralysis of Accommodation (Accommodation-reflex)

Atropine

Blow on Eyeball

Diphtheritic Paralysis

Diabetes

Exposure to Cold

Influenza

Neuritis

Paralysis of Third Nerve

Syphilis

395. Argyll-Robertson Pupil

The pupils react to accommodation but not to light. It nearly always indicates previous syphilis (Gowers). The inverse condition is sometimes present when the ciliaris is paralysed

Ataxic Paraplegia

Choroiditis

390-395

ARGYLL-ROBERTSON—
continued

Diabetic Sclerosis

*General Paralysis of
Insane

Hemiplegia (x)

Heredo-cerebellar

Ataxy

*Locomotor Ataxy

Lead-poisoning

Ophthalmoplegia,

Nuclear

Progressive Muscular
Atrophy

Syphilitic Meningitis
(See *Photophobia*, 187;
Vision, 178)

396. Tension

Degrees expressed by +
or -1, 2, or 3

397. Increased or T+
Glaucoma

398. Diminished or T -
Detached Retina
Loss of Vitreous
Humour

399. OPHTHALMOSCOPIC APPEARANCES

400. Retinal Hæmor- rhages

Arterio-sclerosis

preceded by thickening of
the arteries and narrow-
ing of the veins

Ague

Amyloid Kidney (x)

Cerebral Hæmor-
rhage (s)

*Cirrhosis of Kidney

Endocarditis, Ulcerative

Gout

Hæmophilia

Hypertrophy of Heart

Leukæmia

Malarial Fevers

Menses, Suppressed

Menopause

Nephritis, Chronic (s)

Pernicious Anæmia
flame-shaped

Purpura

Pyæmia

Scurvy

Syphilis

401. Optic Neuritis

Abscess of Brain

Amenorrhœa (x)

Aneurysm in Brain

Cerebral Thrombosis

Cerebro-spinal Menin-
gitis

Chlorosis

Caries of Sphenoid

395-401

OPTIC NEURITIS—cont.

Diphtheria

Exhaustion

Hydrocephalus

Hereditary Cerebellar
Ataxy

Lead-poisoning

Myelitis, Acute (x)
of cervical portion of cord

Meningitis, Syphilitic

Meningitis, Tubercular

Meningitis, Cerebro-
spinal

Meningitis, Traumatic

Node, Intracranial

Prolonged Lactation

Tumours of Brain

Tobacco Amaurosis (s)

402. Optic Atrophy

Alcoholism, Chronic

Choroiditis, Chronic

Diabetes

Disseminated Sclerosis

Friedreich's Disease (x)

Glaucoma

General Paralysis, II.

Hydrocephalus

Hereditary Cerebellar
AtaxyIntra-ocular Hæmor-
rhage, II.

Lead-poisoning

Locomotor Ataxy

10 per cent.

Meningitis (s)

Retinitis Pigmentosa

Tobacco Amaurosis (s)

Tumour of Brain

403. Choked Disc

Abscess, Cerebral

Cavernous Thrombosis

Cerebro-spinal Menin-
gitis

Cerebral Embolism

Effusion at Base of
BrainFacial Paralysis
(basal)

Hydrocephalus Chr.

Leukæmia

Meningitis, Tubercular

Pachymeningitis

Syphilis

Tumours of Brain

Thrombosis, Cerebral

Tumour of Cerebellum

404. Cupped Disc

Atrophy of Optic Nerve

*Glaucoma

Slight cupping is physio-
logical**405. Arterial Pulsation**

Aortic Regurgitation

Exophthalmic Goitre

401-405

ARTERIAL PULSATION—
*continued*Hypertrophy of Heart
Hyperæmia of Brain**406. Exudative Choroiditis**
Cerebro-spinal Meningitis

Syphilis

407. Tubercles on Choroid (?)Acute Miliary Tuberculosis
Tubercular Meningitis

NOSE

408. RedAcne Rosacea
Alcoholism
Amenorrhœa
Dyspepsia
Erysipelas
Rhinitis, Chr. Hypertrophic
Rhinophyma
(See *Erythema*, 295)**409. Butterfly Nose**

Lupus erythematosus

410. Saddle NoseInjuries
Chronic Atrophic Rhinitis
Syphilis**411. Bridgeless**Adenoids
Achondroplasia
Injuries
Imperfect Development
Hereditary Syphilis

412. NOSTRILS

413. CollapsedAdenoids
Nasal Obstruction (415)**414. Dilating with Respiration**Occurs chiefly in children
Broncho-pneumoniaCollapse
Dyspnœa, Acute (874)
Diphtheritic Laryngitis
Emphysema
Hay Fever
Pneumonia, Acute
Pleurisy

DILATING—*continued*

Spasmodic Asthma
Tetanus neonatorum

415. Obstructed Nostrils

Adenoids
Abscess of Septum
Antrum, Distended
Coryza, *i.*
Cyst, Middle Turbinate
Deviation of Septum
Diphtheria
Exostosis
Eczema Crusts
Foreign Body
Gummata
 u. on septum
Glanders
Hay Fever
Hæmatoma of Septum

Hypertrophic Rhinitis,
Chronic

Malignant Disease
Membranous Rhinitis

Nakra

Osteoma

Polypus

Perichondritis of Septum

Rhinoliths

Rhinoscleroma

Spur of Septum

Syphilis

Turbinated Bone, Enlarged

Tubercle

Typhus (*prodr.*)

Variola (*prodr.*)

416. Large

Atrophic Rhinitis

417. RHINORRHOEA**418. Watery or Mucous**

Bronchitis, *i.*
Coryza
Cerebro-spinal Fluid
 this does not stiffen linen
Foreign Body
Hay Fever
Hooping Cough
 invasion
Influenza
Iodism

Irritants

Measles

Rhinolith

Spasmodic Asthma

 alternating with the
 paroxysms

Trigeminal Neuralgia

Typhus, *i.*

Worms

See also the next section : (early stage)

414-418

419. Purulent

Atrophic Rhinitis, Chr.
very offensive

Cancer

Caries of Ethmoid, etc.

Diphtheria

Empyema of Antrum
offensive

Empyema of Frontal
Sinus

Foreign Body

Gonorrhœa

Glanders

Hypertrophic Rhinitis,
Chronic

Lupus

Membranous Rhinitis

Necrosis

Rhinolith

Sarcoma

Syphilis

Scarlatina (sequela)

Tuberculous Rhinitis

Ulceration

420. Blue

Bacillus pyocyaneus in
Sinus

421. Nasal Regurgitation

Bulbar Paralysis

Cleft Palate

Diphtheritic Paralysis

Myasthenia Gravis

Post-pharyngeal

Abscess

Syphilitic Perforation

422. Epistaxis

Arterio-sclerosis

Anæmia

Arsenicism

Angioma

Acute Yellow Atrophy

Aortic Insufficiency

Ague

Amenorrhœa

Barlow's Disease

Blows

Bronchial Glands, En-
larged

Bronchitis

Caries

Carcinoma of Nose

Catarrh, Chronic Nasal

Chloroma

Chlorosis

Cirrhosis of Kidney

Cirrhosis of Liver

Diphtheria

Dengue

Dysentery

Enteric Fever

Emphysema

Erysipelas

Fibroma of Nose

Foreign Body

Goitre

EPISTAXIS—continued

Hæmophilia
 Hooping Cough
 Hypertrophy of Heart
 Hyperæmia of Brain
 Leukæmia
 Myxœdema
 Measles
 Mitral Stenosis
 Ovarian Disease
 Phosphorus-poisoning
 Purpura hæmorrhagica
 Peritonitis
 Pleurisy
 Polypus
 Pyæmia
 Psittacosis
 Remittent Fever
 Relapsing Fever
 Rarefied Air
 Scurvy
 Scarlatina
 Sarcoma of Nose
 Temperature Changes
 Tumours of Neck
 Thrombosis, Cerebral
 Tuberculosis
 Ulcer of Nose
 Varicosities
 Worms

423. Gangrenous Tip of Nose

Frost-bite
 Lupus
 Raynaud's Disease
 Syphilis

424. Distension of Transverse Nasal Vein

Adenoids(ScanesSpicer)

425. Sneezing

Adenoids
 Asthma
 Coryza
 Chronic Hypertrophic Rhinitis
 Ear, Irritation in
 Gout
 Hay Fever
 Hooping Cough
 Hysteria
 Iodism
 Irritants—
 Euphorbium
 Ipecacuanha
 Snuff
 Veratrum album
 Measles (invasion)
 Polypus
 Spur of Septum

426. MOUTH**427. Dribbling or Salivation**

Aphthæ
 Ague
 Adenoids
 Angina Pectoris (s)
 Bulbar Paralysis
 Cancrum Oris
 Cancer of Stomach
 Cancer of Larynx
 Dementia
 Dentition
 Dilatation of Stomach
 Diphtheritic Paralysis
 Facial Paralysis
 Foreign Body in Mouth
 Glossitis
 Gastric Irritation
 Hysteria
 Hydrophobia
 Idiocy
 Iodism
 Jaw, Fractured
 Jaw, Dislocation of
 Liver Disorders
 Mumps
 Mental Emotion
 Neuralgia of Fifth Nerve
 Paralysis Agitans
 Pregnancy
 Pancreatic Disease

Poisoning by

Aconite
 Antimony
 Chlorate of Potash
 Cantharides
 Copper
 Iodine
 Mercury
 Pilocarpine

Quinsy**Ranula****Sprue****Scurvy****Syphilis****Stomatitis****Teeth, Jagged****Typhus****Ulcer of Mouth****Ulcer of Stomach****Vincent's Angina****Variola****Worms****428. Foam at Mouth****Apoplexy (late)*****Epileptic Seizure****Hystero-epilepsy****Malingering****soap**
**Pulmonary Affections
 with Prostration**
426-428

429. Attempts to Bite
Hydrophobia (early)
Lyssaphobia (late)

430. Dry
Xerostoma
(See 432, 470)

431. Cold Breath
(See *Subnormal Temperature*, 217)

432. Mouth Open
This is the commonest
cause of a dry mouth

* Adenoids
Asthma
Bulbar Paralysis
Cancrum Oris
Dislocated Jaw
Dyspnœa, Acute
Glossitis
Idiocy

Idiopathic Muscular
Atrophy
Obstructed Nostrils
(415)
Post-pharyngeal
Abscess
Prostration
Quinsy
Stomatitis
Orthopnœa causes the jaw
to drop

**433. Mouth Drawn to One
Side**

Facial Paralysis
opposite side unless dating
from childhood

Facial Hemiatrophy
Facial Hemihyper-
trophy
Hemiplegia
Scars

** Unilateral loss of teeth
may mislead

LIPS

434. Pallid (see *Anæmia*,
325)

435. Livid (see *Face*,
335)

436. Swollen
Angeioneurotic Edema
Adenoids

Abscess, Labial
Abscess, Alveolar
Bites
of insects or self-inflicted
Chancre
Cancrum Oris
Corrosive-poisoning
Epilepsy

429-436

SWOLLEN LIPS—continued

Jagged Teeth
Stings
Stomatitis
Tuberculosis
Ulcer
Worms

437. Local Swelling

Chancre
Cysts
Epithelioma
Nævi
Plaque Muqueuse

438. Herpes Labialis

Ague (hot stage)
Coryza
Cerebro-spinal Meningitis
Irritation of Fifth Nerve
Malaria
*Pneumonia, Acute
Remittent Fever

439. Fissures at Angles

Hereditary Syphilis

440. BUCCAL MEMBRANE**441. Sloughs**

Aphthæ
Bites
Cancrum Oris
Corrosive-poisoning
Glanders
Sprue

442. Papules

Lichen Planus
Stomatitis

443. Vesicles

Herpes
Stomatitis, Aphthous

Varicella
Variola

444. Petechiæ

Anæmia Gravis
Hæmophilia
Purpura
Scurvy
Ulcerative Endocarditis

445. Pigment Patches

Addison's Disease
Argyria
Cirrhosis of Liver (s)
Cancer of Liver (x)

436-445

PIGMENT PATCHES—*cont.*

Health (x)

Ulcer of Stomach (x)

Common in Lascars and
some negro tribes**446. Koplik's Spots**Small bright red spots
with bluish-white speckin centre; found also
inside lips

Measles

one or two days before
eruption**447. Swelling over Sten-
son's Duct**

Mumps

448. GUMS**449. Spongy and Bleeding**

Barlow's Disease

Cancrum Oris

Carious Teeth

Dentition

Diabetes

Dyspepsia

Gastric Irritation

Leukæmia

Mercurialism

Phosphorus-poisoning

Phthisis

Purpura

Scurvy

450. Pale

Anæmia (325)

Hæmorrhage

Wasting Diseases (v)
(215)**451. Coloured Line**Copper-poisoning
green***Lead-poisoning**

blue

Mercurialism

bluish

Pyorrhœa Alveolaris

red

Scurvy

purple

Spongy Gums (449)

red

**452. Circumscribed Swell-
ing**

Actinomycosis

Alveolar Abscess

Epulis

Epithelioma

Papilloma

Periodontitis

453. Sordes

Acute Yellow Atrophy

Pneumonia

Prostration (172)

Typhic state (174)

445-453

454. Swollen Jaw

Abscess

Actinomycosis

Cancer

Cysts

Odontoma

Osteoma

Periostitis

Phosphorus-poisoning

Syphilis

Tubercle

455. TEETH**456. Grinding Teeth**

Anæmia of Brain

Anterior Poliomyelitis

Chorea

Epilepsy

Gout

Hydrocephalus

Hyperæmia of Brain

Intestinal Irritation

Infantile Paralysis

Rheumatism

*Tubercular Meningitis
intense

Tumour of Brain

Variola

Worms

Naso-pharyngeal Ob-
struction

Neglect

Pernicious Anæmia

Phosphorus-poisoning

458. Teeth Loose

Abscess, Alveolar

Cancrum Oris

Dentition, Second

Diabetes

Mercurialism

Purpura

Phosphorus-poisoning

Pyorrhœa Alveolaris

Recession of Gums

Scurvy

Wasting Diseases, Acute
(215)

Xerostoma

457. Carious Teeth (due
chiefly to *Leptothrix*
buccalis)

Diabetes

Eructations, Acid

Exophthalmic Goitre

Injuries

459. Teeth Laminated
(permanent set)History of Acute
Disease in Childhood,
cf. *Nails*, 645

460. DENTITION**461. Early**

Tubercular Diathesis
Hereditary Syphilis

462. Late

Cretinism
Malnutrition
Rickets
in irregular order

PERMANENT INCISORS**463. Dentated**

Struma
while the teeth are un-
opposed

464. Notched and Conical

Hereditary Syphilis

465. PALATE**466. White**

Aphthæ
Callosities
Diphtheria
Milk
Necrosis (early)

Lupus
Meningocele
Nævus
Tubercle

467. Swellings on

Abscess
Adenoma
Cancer
Cysts
Epithelioma
Fracture
Gumma

468. Perforate

Cleft Palate
Congenital (s)
Injury
Measles
Syphilis
Variola

Jaw Closed (see *Trismus*
1042)

THE TONGUE

469. 'As the eye is the mirror of the soul, so is the tongue the mirror of the stomach,' as Henri Roger used to say. The aphorism may not have been original, but it is quite true, though there are fallacies in both cases, and the bowel must be added to the stomach.

470. Dry and Glazed Tongue

Dysentery, Chronic
 Enteritis, Acute
 Gastritis, Erythematous
 Intestinal Obstruction
 Nasal Obstruction (*q. v.*)
 Phthisis
 Peritonitis
 Typhic state
 Wasting Diseases (215)
 Xerostoma

Hyperpyrexia
 Infective Endocarditis
 Jaundice
 Lead-poisoning
 Nasal Obstruction (415)
 Pyæmia
 Peritonitis
 Pneumonia
 Remittent Fever
 Typhus
 Tuberculosis, Acute
 Typhic state (174)
 'baked'

471. Dry and Furred

Ague
 Continued Fevers
 Dyspepsia
 Erysipelas
 Exanthemata

472. White Fur

Apoplexy
 Alcoholism
 Catarrh of Bile-ducts
 Cyanotic Liver

469-472

WHITE FUR—continued

Catarrh of Mouth
 Colitis
 Constipation
 Duodenal Catarrh
 Delirium Tremens
 Erysipelas
 Enteric Fever, I.
 centre only
 Fæcal Accumulation
 Gout
 Gastritis, Chronic
 Gastritis, Acute
 Gastric Irritation
 Hepatitis, Acute
 Hepatic Abscess
 Lithæmia
 Migraine
 Meningitis, Simple
 Measles
 centre only
 Nasal Obstruction
 Pyrexia (219)
 Pneumonia, Acute
 Phthisis
 Quinsy
 Rheumatism
 Relapsing Fever
 Remittent Fever
 Scarlatina, I.
 centre only
 Typhus
 Tonsillitis

Tuberculosis, Acute
 centre only

* * Malingers use chalk ;
 this froths up on adding
 an acid

473. Brown Fur

Erysipelas, Severe
 Enteric (third week)
 Gout (s)
 Gastritis, Chronic (s)
 Jaundice (331)
 Remittent Fever
 Scurvy
 Septicæmia
 Strangulated Hernia
 Acute Tuberculosis, II.
 Typhus
 Typhic state (174)

* * Beware of brown stains, e.g.
 liquorice or chocolate

474. Large, Pale, and Indented

Anæmic type
 Anæmia (325)
 Atony of Stomach
 Acromegaly
 Cancer of Stomach
 Gastritis, Chronic
 in weakly people
 Neurasthenia
 Œdema
 Relapsing Fever
 Salivation
 Ulcer of Stomach

472-474

475. Swollen

Angina Ludovici
 Acromegaly
 Actinomycosis
 Anæmia
 Aneurysm of Aorta
 Cretinism
 Calculus, Salivary
 Cyanosis
 Carcinoma
 Glossitis
 Irritant Poisons
 Mitral Disease
 Mongolian Imbecility
 Myxœdema
 Œdema
 Pemphigus
 Ranula, Inflamed
 Scurvy
 Urticaria
 Variola

476. 'Strawberry'

Ichthyosis Linguae
 *Scarlatina

477. Plaques or Psoriasis

Syphilis
 The primary sore is also
 met with

478. Smooth and Moist

Hyperacidity

479. Black

Bismuth
 Charcoal

Iron
 Nigrities

480. Small

Bulbar Paralysis
 if double
 Enteric Fever
 Gastritis, Chronic
 Hæmorrhage
 Paralysis of Hypo-
 glossals
 Peritonitis, Acute
 Pseudo-hypertrophic
 Paralysis
 Typhic state

481. Fissured

Cirrhosis of Liver
 Diabetes
 Dysentery, Chronic
 Erysipelas, Severe
 Glossitis, Old
 Scars of Ulcers
 Syphilis

* * Sometimes normal, espe-
 cially in old people

482. Ulcerated

Aphthæ
 Chancre
 Epithelioma
 Gastritis (s)
 Jagged Tooth
 Præcancerous Stage
 Sprue
 under-surface

475-482

ULCERATED—continued

Syphilis
secondary and tertiary
Tubercle

483. Bitten

Bulbar Paralysis
Epilepsy
Fall
Hystero-epilepsy
Syphilis

484. Nodules on

Actinomycosis
Concretions (?)
Gumma
Lymphangioma
Tubercle

485. Trembling

*Alcoholism
Bulbar Paralysis
Bromism
Chorea
jerking
Delirium Tremens
Enteric Fever
Epilepsy
Friedreich's Disease
jerking
General Paralysis
Paralysis Agitans
Sclerosis, Disseminated
Tobacco, Abuse of
Typhic state (174)

486. Unilateral Furring

Inability to bite on that
side
Trigeminal Neuralgia

487. Unilateral Protrusion

Aneurysm, Basilar
Apoplexy
Bulbar Paralysis
Caries of Upper Cervical
Vertebrae
Cerebral Embolism
Facial Paralysis (s)
Hemiplegia (1006)
Syringomyelia
Tumour of Brain or of
upper part of Cord

488. Inability to Protrude

Basal Meningitis
Bulbar Paralysis
Caries of Atlas or Occi-
put
Diphtheritic Paralysis
General Paralysis
Lesion of Hypoglossal
Nucleus
Lead-poisoning
Locomotor Ataxy (s)
Tumour of Base
Tumour of Cervical
Cord

489. Tumours of Tongue

Angeioma
Cancer

482-489

TUMOURS OF TONGUE—*continued*

Cysts
 Epithelioma
 Fibroma
 Lipoma
 Papilloma
 Sarcoma

490. UNCLASSIFIED**Geographical Tongue**

with map-like markings

Glossitis, Chr. Sup^l.**Smoker's Patch**small and oval with yellow
crust**Leukoplakia**a smooth horny blue and
white patch

Gout

Rheumatism

Smoking, Excessive

It is liable to develop into
epithelioma**Sclerosing Glossitis**

Syphilis

Folio-PapillitisThe foliate papillæ are red,
swollen, and acutely
painful

Gout

Rheumatism

Yellow Patches

Addison's Disease

Glossitis, Old

Xanthelasma

FAUCES**491. Reddened**

Belladonna-poisoning

Coryza

Diphtheria, I.

Erysipelas

Gastritis

Irritant-poisoning

Iodism

Influenza

Mediastinal Abscess

Measles

Pharyngitis, Acute

Pharyngitis, Chronic
rough

Quinsy

Roseola

Rötheln

Relapsing Fever

Scarlatina

dark red

Tetanus

*Tonsillitis

489-491

492. Swollen

Amyloid
 Calculus, Tonsillary
 Dengue
 Erysipelas
 Measles
 Mumps
 Pharyngitis, Acute
 Pharyngitis, Follicular
 Hypertrophied Tonsils
 Quinsy
 Scarlatina

*Tonsillitis, Simple
 Tonsillitis, Rheumatic
 Tonsillitis, Septic
 Variola

493. White Patches

Diphtheria
 fixed and spreading
 Follicular Pharyngitis
 detachable
 Gangrenous Sore
 Throat, I.
 Membranous Pharyn-
 gitis

Measles (x)
 Pertussis (x)
 Pharyngomycosis
 small recurring fibrous
 excrescences
 Scarlatina maligna
 Septic Tonsillitis
 Vincent's Angina

** Mucus and cream or a
 tonsillary calculus may
 deceive

494. Ulceration of Tonsils

Cancer
 Diphtheria
 after separation of mem-
 brane
 Glanders
 bluish
 Influenza (s)
 Scarlatina (x)
 Syphilis
 chancre or plaques
 Septic Tonsillitis
 after separation of sloughs
 Tonsillitis
 Tubercular Pharyngitis

495. PHARYNX**496. Bulging of Pharynx**

Adenoids
 Cancer
 Caries of Cervical
 Vertebrae

Epithelioma
 Post-pharyngeal
 Abscess
 Tumours

497. Vesicles on Pharynx

Herpes

Varicella

Variola

498. Mucous Accumulation

Alcoholism

Glanders

Lithæmia

Naso-pharyngeal

Catarrh

Pharyngitis, Chronic
with stellate veins

Pharyngitis, Acute, II.

Pharyngitis, Follicular

Relapsing Fever

Scarlatina (s)

499. Deviating Uvula

Often normal

Facial Paralysis

Relaxed Uvula

Syphilis (Fixed)

500. THE LARYNX

501. Laryngoscope.—For laryngoscopic examination the disposition of the sitters is similar to that described for the ophthalmoscope, but the mirror must be bound to the surgeon's head in such a way that he can see through the hole, and, at the same time, without any constrained position, throw a stream of light on to the pharynx of the patient. The latter should open his mouth wide, protrude his tongue, and hold it firmly with a handkerchief between his finger and thumb, thus avoiding the necessity for the use of a tongue-depressor. The surgeon then takes a medium-sized mirror from his waistcoat-pocket, where it has been kept warm, and puts it far back into the patient's throat in such a way as to reflect the vocal cords without touching the pillars of the fauces or the posterior wall of the pharynx. The patient should be directed to say 'A-h-h-h!' and if necessary may also run through the vowel sounds and the gamut.

To examine the posterior nares, the smallest-sized hand mirror is used, and the reflecting surface is turned upwards instead of downwards. The light from the head mirror may also be used in the examination of the anterior nares.

502. Ulcer of Larynx

Cancer
u. solitary

Laryngitis, Chronic (x)
Syphilis

deep, with sharply defined

500-502

ULCER—continued

edges, multiple, some
cicatrised, mucous mem-
brane red

Tubercle

shallow, with ill-defined
edges, esp. about
arytenoid cartilage and
epiglottis; mucous
membrane pale

503. Stenosis

Cancer

Foreign Body, Impacted
Growths, Innocent
Injuries, Chemical or
Mechanical

Lupus

Leprosy

Laryngitis

simple, or in connection
with diphtheria, ty-
phoid, variola, etc.

Perichondritis, Acute

Paralysis of Abductors,
Bilateral

Scars

Tertiary Syphilis

Tuberculosis

504. Growths

Angeioma
bleeding

Cancer

v. posterior part of larynx

Cysts

Fibroma

Polypus

Papilloma

Sarcoma

505. Laryngismus

Epilepsy

Foreign Body

Growths

Laryngismus stridulus

Mediastinal Tumour

Œdema Laryngis

506. Swelling of Mucous Membrane

Diphtheria

Laryngitis

Laryngitis, Tubercular
pale

Œdema Laryngis

Perichondritis

Tertiary Syphilis

507. PARALYSIS

The crico-thyroid muscle
is supplied by the su-
perior laryngeal nerve,
and all the rest of the
muscles by the recur-
rent laryngeal. The
arytenoid is supplied by
both

Bilateral Abductor

Paralysis of both crico-
arytenoideus posticus
muscles

Bilateral Adductor

Hysteria

502-507

PARALYSIS—continued

Menopause

Menses, Suppressed

Unilateral Adductor

Hysteria

Lead-poisoning

Crico-thyroid

Aneurysm

Bulbar Paralysis

Diphtheritic Paralysis

Locomotor Ataxy

Syringomyelia

508. Redness of Vocal Cords

Catarrh

Laryngitis, Acute

Laryngitis, Chronic
patches

Tumours, etc.

irritation of

(See *Dyspnœa*, 874;
Dysphagia, 211;
Voice, 876; and
Cough, 852)**NECK**

A long neck is said to predispose to phthisis; a short thick one, to apoplexy.

509. Stiff

Atlanto-axial Disease

Ankylosis of Spine

Caries of Cervical Verte-
bræ

Carbuncles or Boils

General Paralysis

Glandular Fever

Leptomeningitis, Spinal

Myositis ossificans

Post-pharyngeal
Abscess

Polymyositis

Rheumatism

Rheumatoid Arthritis

Rötheln

Sprain

Spinal Meningitis

Spinal Tumour

Spinal Meningeal
Hæmorrhage

Tetanus

Torticollis

510. Wry (Torticollis)

Congenital Affection

Contraction of Scars

Caries

Facial Hemiatrophy

Hysteria

'Spasmodic Torticollis'

Tumour of Middle Cere-
bellar Peduncle**507-510**

TORTICOLLIS—continued**Worms**

reflex

* * 'There is no such thing
as paralytic torticollis'
(Gowers)

511. Retracted (see *Head*,
318)

**512. Displacement of Tra-
chea**

**Aneurysm of Innomi-
nate**
to left

Cirrhosis of Lung
towards contracted side

Lymphadenoma

Mediastinal Tumours
when large

513. 'Tracheal Tug'

The chin should be raised
in order to see or feel this

***Aneurysm of Trans-
verse Aorta**

**Cancerous Bronchial
Glands**

Dilatation of Aorta (s)

**514. Tumefaction above
Clavicles**

Aneurysm of Aorta
left side only

Emphysema, Vesicular
increased on coughing

Emphysema, Interstitial
from cancer of œsophagus,
etc.

Myxœdema

**515. Rotundity of One
Clavicle**

Cirrhosis of Lung

Phthisis

Attention has not hitherto,
I think, been directed to
this symptom; but it
is necessarily more ob-
vious than either of its
congeners — subclavi-
cular flattening or
supraclavicular retrac-
tion. Normally very
little of the rotundity
of the bone is exposed,
whereas in bad cases of
shrunk apex $\frac{2}{3}$ may be
evident. It is of most
value when unilateral

**516. Swelling in Sterno-
mastoid**

Abscess, Tubercular

Gumma

Hæmatoma (Infants)
esp. after breech presenta-
tions

**517. Prominent Sterno-
mastoids**

Asthma

Bronchitis, Chronic

**Chronic Dyspnœa in
general (874)**

Emphysema

**518. Inspiratory Descent
of Pomum Adami**

Asthma, Spasmodic

Collapse of Lung

510-518

DESCENT OF POMUM
ADAMI—*continued*

Contraction of large
Vomica

Consolidation, Extensive

Diphtheritic Laryngitis

Œdema Laryngis

Obstruction in Air-passages

519. Throbbing Carotids

Anæmia

Aneurysm

Aortic Regurgitation

Atheroma

Ague (hot stage)

Exophthalmic Goitre

Excitement

Exertion

Hæmorrhage, Profuse

Hyperæmia of Brain

Hypertrophy of Heart

Hysteria

Neurasthenia

Obliterated Desc. Aorta

Pyrexia

to some extent

520. Distended Jugular

Aneurysm

esp. intra-pericardial

Asthma

Broncho-pneumonia

Dilatation of Heart
distension increased by
compressing liver

Dyspnœa, Acute (874)

Mediastinal Disease

Œdema of Lungs

Pericardial Effusion,
Large

Pericardium, Adherent
collapsing with diastole

Post-pharyngeal

Abscess .

Straining

521. Jugular Vein Empty

Adhesive Pericarditis (s)

Thrombosis of Lateral
Sinus

522. Pulsating Vein

Best seen on right side;
the patient should be
recumbent. It generally
implies dilatation of the
right auricle

Anæmia

Aortic Stenosis (late)

Aortic Regurgitation
(late)

Aortic Aneurysm
when communicating with
superior vena cava

Cachexia, Cancerous .

Cirrhosis of Liver,
Atrophic

Chlorosis

Dilatation of Heart

518-522

PULSATING VEIN—cont.

Fatty Heart

Hypertrophy of Right Ventricle

Mitral Stenosis

Malformation of Heart

Myocarditis, Chronic

Mediastinitis

inspiratory

Patent Foramen Ovale

Pernicious Anæmia

Pregnancy

Tricuspid Regurgitation
systolic

Tricuspid Stenosis

erect position only—præ-
systolicIf not due to transmission
from the carotids, the
pulsation will continue
from below when the
vein is compressed**523. Branchial Fistula
(Congenital)**A fine opening just above
sterno-clavicular articula-
tion, or else on a level
with the top of the
thyroid cartilage**524. Enlarged Parotid**

Cancer

Cholera

Dysentery

Exanthemata (s)

***Mumps**

saliva thickened

Orchitis

Septicæmia

Tumour

There is also a lymphatic
gland here Its vessels
come from the upper
pharynx, the nasal fossæ,
and the frontal and
parietal scalp**525. Enlarged Sub-
maxillary Glands**They receive the lym-
phatics from the skin
of face and neck, the
lower lip, buccal cavity,
lower gums, and front of
tongue, and will be en-
larged by irritation with-
in this area

Actinomycosis

Boils

Carious Lower Teeth

Cancer of Mouth

or of above area

Diphtheria

Irritation within above
area

Mumps

Roseola

Syphilis

Stomatitis

Symmetrical Adeno-
lipomatosis

Vincent's Angina

The suprahyoid glands
also receive lymphatics
from the front of the
tongue and the lower lip**522-525**

526. Enlarged Cervical Glands

The lymphatics of the skin of the face and neck and of the external ear and scalp go to the superficial set; those of the buccal cavity, root of tongue, tonsils, palate, pharynx, larynx, orbit, and nasal fossæ to the deep set. Irritation within these areas may cause their enlargement

Boils
 Cancer of above area
 Carbuncle
 Carious Teeth
 Diphtheria
 Eczema
 Ecthyma
 Erysipelas
 Glandular Fever
 Glanders
 Hooping Cough
 Lymphadenoma
 Leukæmia
 Measles
 Post-pharyngeal Abscess
 Phthisis
 Perichondritis syphilitica
 Quinsy
 Roseola
 Rötheln
 esp. in posterior triangle
 Syphilis

Scarlatina

Tubercle

Varicella

esp. the mastoid and pre-auricular glands

Variola

Wounds

527. Enlarged Occipital Glands

The lymphatics of the posterior portion of the scalp terminate here

Eczema Capitis

Irritation within the above area

Leukæmia

Lymphadenoma

Pediculosis

Rötheln

Symmetrical Adenolipomatosis

Syphilis

Tubercle

528. Thyroid Enlarged

Thyroid swellings move with deglutition

Acromegaly (s)

Adenoma

Abscess

Aneurysm

Cancer of Thyroid

Cysts

Calculus of Thyroid

526-528

THYROID ENLARGED--*continued***Exophthalmic Goitre**

unequal—pulsating

Fibrosis**Goitre****Hypertrophy, Simple****Menstruation (x)****Pregnancy****Tubercle**Also in lymphadenoma and
other tumours of neck—
from pressure on veins**529. Thyroid Shrunk****Acromegaly (s)****Cretinism****Myxoedema****530. Swellings in Neck
(Unclassified)****Abscess****Aneurysm****Angina Ludovici****Branchial Cyst****Bursa, Thyroid****Cervical Rib****Chloroma****Dermoid Cysts****Fractured Hyoid****'Hydrocele of the Neck'****Jugular Bulb****Lipoma****Mediastinal Abscess****Multilocular Cyst****Myositis ossificans****Pneumatocele****Pouch, Esophageal****Sarcoma****Thyroglossal Cyst**

(See 516)

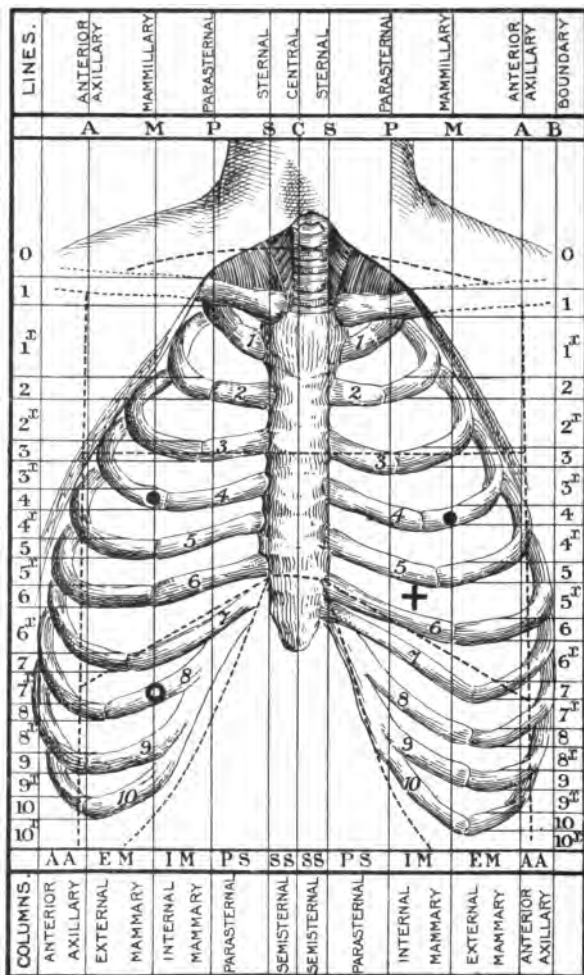


FIG. 5.—A NEW REGIONAL CHART OF THE CHEST

THE REGIONS OF THE CHEST

The old regions of the chest, which are indicated by the dotted lines on the figure, are so large and so lacking in precision that they have almost dropped out of use. What is wanted is the division of the chest into spaces so small as to be covered by the chest-piece of a stethoscope, and yet bounded by well-known and easily remembered lines. Further, each region should be numbered, so that the cumbersome use of such terms as finger-breadths and inches from more or less fixed spots may be avoided and a simple formula substituted. I have endeavoured to supply this want by taking a map as a model. The zones or 'degrees of latitude' are formed by the ribs and intercostal spaces, the columns or 'degrees of longitude' by well-known vertical lines and the spaces between them. The new region is the square produced by the intersection of column and zone. Each vertical line bears its initial letter, and each vertical column is indicated by two letters: thus, P for parasternal line, PS for parasternal column. The zones are marked in figures, each rib bearing its own number, and each space having x added to its number; but, since the first rib is too deep to be of use, the figure 1 is placed on the clavicle, while 0 marks the supraclavicular region. The intersection of column and zone forming the new region receives for its designation the number and letter of its congeners. Thus the region marked in the woodcut + is IM 5 x , while that marked 0 is M 8, and they will be so entered in the case book

In some cases still greater precision may be necessary, and this is attained by the addition of + or - ; plus meaning nearer the periphery, minus nearer the middle line (note the alliteration). The position of figure 6, for instance, on the sixth left rib would be exactly described by the formula, IM + 6 Left.

Instead, therefore, of fourteen unwieldy regions, many of which are difficult to memorise, the system gives us between three and four hundred compact spaces, each capable of being described by a simple and easily remembered formula (Q.E.F.)

INSPECTION OF THE CHEST

A critical inspection of the chest is as important as its percussion or auscultation.

531. Flat

Predisposition to
Phthisis
Progressive Muscular
Atrophy

532. Pterygoid

Projecting shoulder-blade
Cyphosis (574)
Landouzy's Paralysis
Predisposition to
Phthisis
both scapulæ
Serratus Magnus Palsy

533. Pigeon-Breast

Generally due to interference with lung expansion in childhood. It

has been thought to predispose to phthisis

Adenoids
Catarrhs, Repeated
Hooping Cough
Rickets
Tonsils, Enlargement of

534. Zonal Constriction (Harrison's Sulcus)

History of repeated catarrhs or of other impediments to inspiration especially in rickety subjects with prominent abdomens. A red line at Harrison's sulcus is sometimes met with when the heart's action is laboured.

531-534

535. Barrel-shaped

Emphysema

536. Angulus LudoviciApex at manubrio-sternal
joint

Emphysema

537. RosaryKnobby enlargement of
costal epiphyses

Barlow's Disease

Rickets

538. BULGING

The shape of the chest is best ascertained by Dr. Gee's
cyrtometer.

539. Of Entire Side

Cirrhosis of Lung

sound side

Emphysema

Hæmothorax

Infiltrated Cancer of
Lung

Pleural Effusion

semi-cylindrical

Pneumothorax

Pleura, Cancer of

540. Circumscribed Bulging

Abscess

Aneurysm of Ascend-
ing Aortaintra-pericardial, right
nippleextra-pericardial, fourth
right cartilageAneurysm of Trans-
verse Portion

above left clavicle

Caries of Sternum

Encysted Pleurisy

Empyema, Pointing

'Empyema necessitatis'

Hydatids of Lung

Hernia of Lung

Mediastinal Tumour or
Abscess

Necrosis of Ribs

Osteomyelitis of Ribs
sequel of enteric

Rickets (x)

Tumour of Chest-wall

Tubercle of Ribs

541. Præcordial Bulging

Aneurysm

Aortic Stenosis

Aortic Regurgitation (s)

Acromegaly
inferior sternal

Dilatation of Heart

Exophthalmic Goitre

Hypertrophy of Heart

Malformation of Heart

535-541

PRÆCORDIAL BULGING—
*continued***Mitral Stenosis**

slight

Mediastinal Tumour**Pyopericardium (s)****Pericardial Effusion (s)****Pneumopericardium****542. Bulging of Right Hypochondrium****Abscess, Hepatic****Enlarged Liver****Hydatids****Pleural Effusion (rt.)****543. SHRINKING****544. Of Entire Side**

The left side is normally smaller than the right

Aneurysm

if occluding bronchus

Collapse of one Lung**Cirrhosis of Lung, II.**

contraction

Empyema (x)**Infiltrated Cancer of Lung (s)**

with collapse of air-cells

Mediastinal Tumour

if occluding bronchus

Pleurisy, Old**Pyopneumothorax (x)**

Shrinking may be simulated by scoliosis or by enlargement of the opposite side, as, for instance, when one side is paralysed

545. Foveated or 'Trichter Brust'

Lower sternal region

Adenoids**Enlarged Tonsils****Nasopharyngeal****Growths****Pericardial Adhesion****Pleurisy, Old Double****Rickets**

A similar depression, but lower, occurs in shoemakers from the pressure of the last

546. Sternum Sunken

('Thorax en Bateau

Barlow's Disease**Syringomyelia****547. Local Flattening****Bronchiectasis****Collapse of Lung****Contraction of Vomica****Phthisis**

infraclavicular

541-547

INTERSPACES

548. Bulging

Empyema, i.
 Hydrothorax
 Hæmothorax (s)
 Hydatids of Lung
 Mediastinal Tumours
 Pneumothorax
 Pleurisy with Effusion

549. Retracted with Inspiration

Asthma, Spasmodic
 Cancer of Larynx
 Cirrhosis of Lung
 Collapse of Lung
 Diphtheritic Laryngitis
 Emphysema
 Foreign Body in Air-
 passage
 Occlusion of Bronchus
 Edema Laryngis
 Paralysis of Diaphragm
 epigastrium

550. Præcordial Retraction

Aortic Regurgitation
 systolic—from atmo-
 spheric pressure

Mitral Stenosis

diastolic

Pericardial Adhesion

systolic — apex, xiphoid
 cartilage, and epigas-
 trium

Retraction of Lung**551. Systolic Retraction of Lower Ribs**

Pericardium Adherent
 to Diaphragm

Tetany

this is the 'Phrenic Phenomenon' of Solovieff

552. Diaphragm High

Ascites
 Contraction of Lung
 Dilatation of Stomach
 Paralysis of Diaphragm
 Tympanites (1140)

553. Diaphragm Low

Hypertrophy of Heart
 Hypertrophous Emphy-
 sema
 Mediastinal Tumours
 Pericardial Effusion
 Pleural Effusion
 Spasm of Diaphragm

548-553

554. Diaphragm Phenomenon Absent

On looking obliquely at the patient's side from a distance, the movement of the lung where it follows the descent of the diaphragm should be visible. This is termed the 'diaphragm phenomenon'

Emphysema
Pleuritic Adhesions
Pleuritic Effusion
Pneumothorax

555. Impaired Mobility

With or without belated expansion

There should be a difference of from 2 to 3 inches in measurement between the inflated and the collapsed chest

Atelectasis
Bronchus, Occluded
Cirrhosis of Lung
Cancer of Lung
Empyema
Epilepsy
Fractured Ribs
Hydrothorax
Intercostal Neuralgia
Intercostal Rheumatism
Intercostal Paralysis
Liver, Great Enlargement of

Mediastinal Tumour
Pneumonic Consolidation

Pleurisy with Effusion
Pleurisy, Acute
Pleural Adhesion
Pneumonia
base

Pneumothorax
Phthisis
esp. under clavicle
Paralysis of Respiratory Muscles
Pericardium, Adherent
Spasm of Respiratory Muscles
Spasm of Glottis
Strychnine-poisoning
Tetanus

The expansion of the five lower ribs is caused by the diaphragm

556. Enlarged Veins of Chest

Cancer of Breast
Dilatation of Heart
Lactation
Mitral Regurgitation
late
Mediastinal Tumour
flow usually downwards
Portal Obstruction or
Thrombosis
flow upwards

554-556

MAMMA**557. Milk in Breasts**

Ectopic Gestation

Lactation

Ovarian Cysts

Pregnancy

It is not uncommon in
new-born infants, male
and female

558. Milk, Abnormal

Blue

Bacillus pyocyaneus

Green

Actinomycosis, etc.

Purulent

Abscess

Red

Micrococcus prodigiosus
blood

Yellow

Bile

559. Mamma, Indurated

Abscess, Impending

Actinomycosis

Adenoma

Colloid (x)

Cyst

Encephaloid (x)

Enchondroma (x)

Galactocele

Hæmatoma

Lobular Induration

Lipoma

Mastitis, Interstitial

Osteoma

Papilloma of Duct

Sarcoma

*Scirrhus

Tuberculous Growth

560. Pigmentation around Nipples

Ectopic Gestation

Ovarian Cyst

Pregnancy

561. Paget's Nipple

Forerunner of cancer ; now
said to be cancerous from
the outset

562. CHARACTERS OF ASPIRATED FLUID, ETC.

For diagnostic purposes, a sterilised hypodermic syringe will suffice, the skin having been thoroughly washed first. The puncture for the pleura is best made in the sixth or seventh interspace in the mid-axillary

line ; for the pericardium, in the fifth space, two finger-breadths from the left margin of the sternum (P 5x in chart).

563. Air

Decomposition (?)
Pneumothorax
Puncture of Lung
blood-stained bubbles

564. Serum

Hydrothorax
sp. g. under 1015, little or
no albumen

Acute Pleurisy or Pericarditis

sp. g. over 1017, highly
albuminous

Pleurisy, Tubercular
lymphocytes numerous

Hydatids
hooklets

Cancer of Pleura or

Cancer of Lung

'prune-juice' or greenish-
brown, but may be clear

565. Pus

Actinomycosis
with yellow seedlike bodies
Abscess of Lung or
Liver
bursting into pleural
cavity

*Empyema

Septicæmia

566. Blood

Blood-stained froth indicates that the lung has
been punctured

Aneurysm

Encephaloid Lung

*Hæmothorax

Tubercular Pleurisy (s)

567. Putrid

Gangrene of Lung

INSPECTION OF THE BACK AND SPINE

568. Lumbar Paracentesis

The puncture is made on the level of the top of the third lumbar spine, a little to one side, the patient lying towards the same side. Lymphocytes are found in chronic toxic affections, locomotor ataxy, general paralysis, herpes zoster, and subacute tuberculosis. Leucocytes are found in acute infective processes

Fracture of Skull

blood-stained

Hydrocephalus

abundant

Meningitis

much albumen, little or no sugar; bacillus tuberculosis

Meningitis, Cerebro-spinal

leucocytes

Purulent Meningitis
pus

Tumour of Brain

sugar, but little albumen

569. Stiffness

Ankylosis of Spine

Caries of Vertebrae

*Lumbago

Opisthotonos

Paralysis Agitans

Rheumatism

Rheumatoid Arthritis

Sprain

Spinal Tumour

570. Lumbar Prominence

Abscess, Spinal

Extravasation of Urine

Emphysema, Interstitial

Hydatids of Liver

Hydronephrosis

Hydatids of Kidney

Cedema

Pyonephrosis

Perinephritis

Post-renal Extravasation

Renal Cancer

Renal Sarcoma

571. Œdema, Lumbar

Anasarca

Perinephritis

Purulent Spinal Pachy-
meningitis
livid**572. Scapula Prominent**

Aneurysm of Arch

left scapula

Lateral Curvature (576)

Pterygoid Chest (532)

Serratus Palsy

573. Swellings on BackCarbuncle
often diabetic

Lipoma

Sacro-iliac Disease

Sebaceous Cyst

Spinal Abscess

Spina Bifida

CURVATURES OF THE SPINE**574. Anterior (Cyphosis)**

Adenoids (slight)

Acromegaly

Bronchitis (s)

Emphysema

Friedreich's Disease

Mollities Ossium

Osteitis deformans

Occupation :

Tailors

Shoemakers

Gardeners

Porters

Paralysis, General

Poliomyelitis, Anterior

Progressive Muscular

Atrophy

Rheumatism

Rheumatoid Arthritis

Rickets

it disappears when the
child is lifted from the
arms

Syringomyelia

'Spondylose rhizomé-
lique'**575. Posterior (Lordosis)**

Achondroplasia

Ascites

Abdominal Tumours

Cretinism

Congenital Dislocation
of both Hips

Coxa vara, Double

Cerebro-spinal Menin-
gitisIdiopathic Muscular
Atrophy**571-575**

POSTERIOR—continued

Osteitis deformans
 Pseudo-hypertrophic
 Paralysis
 Progressive Muscular
 Atrophy (x)
 Poliomyelitis, Anterior
 (s)
 Pregnancy
 Rheumatism
 Rheumatoid Arthritis
 Spastic Paraplegia (s)
 Syringomyelia (s)

576. Lateral (Scoliosis)

Anæmia
 Contraction of one
 Lung
 from cirrhosis, old pleurisy,
 etc.
 Friedreich's Disease
 Hip Disease
 Infantile Paralysis
 Mollities Ossium

Rickets
 Sciatica, Old
 Syringomyelia
 dorso-lumbar region, con-
 vexity to left
 Sprengel's Scapular
 Deformity
 The trunk is bent towards
 the affected side in peri-
 nephritic abscess

577. Angular

Aneurysm of Desc.Aorta
 *Caries of Spine
 Mollities Ossium
 Spinal Tumour
 *** Spina bifida may deceive
 the tyro

578. Rotary Twist

Disease of Cerebellar
 Peduncles
 The twist is also commonly
 associated with lateral
 curvature

INSPECTION OF THE ABDOMEN

579. Prominent

Abdominal Tumours
 (1090)
 Acholia
 Achondroplasia
 Ascites
 smooth with dependent
 bulge
 Amyloid
 Appendicitis
 Cretinism
 Colloid Omentum
 Cirrhosis, Hypertrophic
 Congenital Dislocation
 of Hips
 Dilatation of Stomach
 towards umbilicus and left
 side
 Distended Bladder
 sometimes enormous in
 women
 Enteroptosis
 'pendulous belly'
 Enteric Fever
 Fatty Omentum
 Flatus
 Hydronephrosis
 Hydatids (large)
 Intestinal Obstruction

Intestinal Paralysis
 Intussusception
 Irritant-poisoning
 Kidney, Large Cystic
 Leukæmia
 splenic variety
 Meteorism
 Ovarian Disease
 Peritonitis
 esp. tubercular
 Pneumoperitonæum
 Pancreatic Disease
 Phantom Tumour
 Pseudo-hypertrophic
 Paralysis
 Pregnancy
 Rickets
 Retention of Menses
 Syphilitic Liver
 Tabes Mesenterica
 Uterine Fibroid

580. Rigid Abdominal Muscles

Appendicitis
 right side. The rigidity of
 appendicitis is much
 lessened when a collec-
 tion of pus has formed

579-580

RIGID ABDOM. MUSCLES—

continued

Cancer of Uterus
Colic
Cramps
Diaphragmatic Pleurisy
Enteric Fever
 adherent ulcer
Gall-stone
Hæmoperitonæum
Hepatitis
Hepatic Abscess
Locomotor Ataxy
 gastric crisis
Peritonitis
Pneumonia
 in children
Ulcer of Stomach
Vesical Calculus
 lowest segment of rectus
 In all forms of colic and
 in locomotor ataxy the
 rigidity is paroxysmal
 only

581. Retracted

Cancer of Pylorus
Cerebro-spinal Meningitis
Cholera
Diarrhœa of Large Intestine
Lead Colic
Simple Meningitis
Tubercular Meningitis
 scaphoid abdomen

Peritoneal Adhesions
Stricture of Œsophagus
Tumours of Brain
Wasting Diseases (215)

582. Retraction with Inspiration

Asthma, Spasmodic
Collapse of Lung
Diphtheritic Laryngitis
Foreign Body in Air-passages
Large Pleural Effusion
*Paralysis of Diaphragm

583. Enlarged Superficial Veins

Ascites (late)
Cirrhosis of Liver
Dilatation of Stomach
Mediastinal Tumours
Portal Obstruction
 current upwards
Tumours of Liver
Tumours, Abdominal
Vena Cava Superior,
 Obstruction in
 current downwards

584. Tache Cérébrale (Dermatographia)

General Paralysis of Insane
Internal Spinal Meningitis
Tubercular Meningitis

580-584

TACHE CÉRÉBRALE—*cont.*

Typhic state (174)

Urticaria

sometimes wheals

It is present in general
when the skin is in-
elastic (see 291)**585. Visible Peristalsis**

Right to left = Colon

Left to right = Stomach

Diarrhœa, Profuse

Dilatation of Stomach

Dilatation of Colon,
Congenital

Ileo-cæcal Obstruction

central and ladderlike

Intestinal Obstruction

Peritonitis, Old

Stricture of Pylorus

Sigmoid Obstruction

course of colon

UMBILICUS**586. Retracted**

Obesity

587. Stretched

Ascites

Colloid Omentum

Ovarian Tumours

Pregnancy till 7th
Month**588. Projecting**

Portal Obstruction

Polypus

Pregnancy after 7th
Month

Tumours

Umbilical Hernia

Umbilical Calculus

589. OozingCongenital Umbilical
Fistula

clear

Meckel's Diverticulum

if patent throughout,
fæcal

Peritonitis (x)

Urachus Patent

urinary

590. Caput MedusæEnlarged veins about
navel

Portal Obstruction

591. CHARACTER OF ASPIRATED FLUID

The puncture for ascites is made halfway between the umbilicus and the pubes.

592. Gelatinous
Colloid

593. Coagulable

Ascites
unaffected by acetic acid
Ovarian Cyst
made clear by boiling
with twice its volume of
strong acetic acid

594. Hæmorrhagic

Cancer
v. of omentum
Tubercular Peritonitis
(s)

595. Chylous

Filariasis

Obstruction of Thoracic
Duct

Rupture of Thoracic
Duct

596. Milky (not chylous)
Fatty Degeneration of
endothelial or cancer
cells

597. Glycogenic

Turns starch into sugar
Pancreatic Cyst

597a. Hooklets

Hydatid Cyst
Cases to be avoided are
distended bladder, hy-
dronephrosis, and dis-
tended gall-bladder (not
always showing bile)

**598. Ballooning of Rec-
tum**

It occurs physiologically
when the trunk is in-
verted

Colon, Obstruction of

But it is not uncommonly
found where there is no
obstruction. In some
of these cases it may be
due to intestinal paresis

599. Swollen Perinæum

Extravasation of Urine
Extravasation of Blood
Ischio-rectal Abscess
Perinæal Abscess
Testis in Perinæum

600. Swelling about Groin

Abscess, Glandular
Abscess, Psoas
thigh drawn up

591-600

SWELLING ABOUT GROIN—
continued

Abscess, Iliac
 Aneurysm
 Bubo
 Carcinoma
 Cysts
 Dislocation of Hip
 Glands, Enlarged (601)
 Hip Disease
 Hernia, Inguinal
 Hernia, Femoral
 Hernia, Obturator
 Hydrocele of the Sac
 Hæmatocele of the
 Cord
 Rider's Bone
 Sarcoma
 Undescended Testis

**601. Enlarged Inguinal
 Glands**

They draw their lymphatic
 vessels from the lower
 limb, the buttock, peri-
 næum, external genitals,

and the lower half of the
 abdomen

Irritation within the
 above area, or sys-
 temic conditions

Abrasions

Burns

Boils

Balanitis

Chancre, Hard
 small and knotty

Ecthyma

Gonorrhœa

Glandular Fever

Lymphadenoma

Plague

Pelvic Cancer (s)

Prurigo

Symmetrical Adeno-
 lipomatosis

Sepsis

Soft Sore
 large and tender

Tubercle

Varicose Gland (filarial)

Varicella

Wounds, Inf'd.

INSPECTION OF THE LIMBS

602. To determine whether these are of equal length, fix one end of a tape measure against the anterior superior spine of the ilium, and the other against the tip of the inner malleolus. The arm may be measured from the acromion process to the base of the styloid process of the radius, the forearm being midway between pronation and supination.

603. Swellings of Bone

Achondroplasia
epiphyses
Acromegaly
'Aneurysm of Bone'
Barlow's Disease
Cysts
Cancer
Exostosis
Enchondroma
Erectile Tumours
Hydatids
Myeloid
Osteitis
Osteomyelitis
Periostitis
Rickets
epiphyses
Rheumatoid Arthritis
Scurvy
Tubercle

604. Crepitus

Fractures
Synovitis and teno-synovitis give a quasi-crepitant feel

605. Nodes

Exostosis
Erythema nodosum
Scurvy
Syphilis

606. Subcutaneous Nodules

Chorea
Gout
Ganglion
Periarteritis nodosa
Rheumatoid Arthritis
Rheumatism in System
if near a joint
Trigger Finger

602-606

607. Fragilitas Ossium

Barlow's Disease
 Carcinoma of Bone
 Friedreich's Disease
 General Paralysis
 Insanity
 Locomotor Ataxy
 Osteomalacia
 Phosphorus-poisoning
 Scurvy
 Senility
 Syphilis
 Syringomyelia
 Tumours of Bone

**608. Trochanter Displaced
above Nélaton's Line**

Congenital Hip Dislocation
 Coxa vara
 Dislocation on Dorsum Ilii
 Fracture of Neck of Femur
 extra-capsular
 Nélaton's line is one drawn
 between the anterior
 superior spine and the
 tuber ischii

609. Leg Lengthened

Dislocation of Hip
 downwards
 Hip Disease, I. (?)
 Sacro-iliac Disease

610. Leg Shortened

Achondroplasia
 Cretinism
 Coxa vara
 Dislocation of Hip
 upwards
 Congenital Dislocation
 of Hip upwards
 Fractured Femur or
 Tibia
 old or recent
 Hip Disease
 Infantile Paralysis, Old
 Infantile Hemiplegia,
 Old
 Osteomyelitis, Old

611. False Shortening

Obliquity of pelvis
 Hysteria
 Lateral Curvature
 Pelvic Cellulitis

612. Leg Curved

Achondroplasia
 Cretinism
 Mollities Ossium
 distorted
 Osteomyelitis, Old
 Osteitis deformans
 Rickets
 exaggerated normal curve
 Syphilis, Hereditary
 'sabre-blade shin'

607-612

613. Scissor - Legs or Crossed-Leg Deformity

Ankylosis in Double Hip Disease
Double Coxa vara
Spastic Cerebral Paraplegia

614. Feet Enlarged

Acromegaly
Pulmonary Osteoarthropathy

615. Pes Arcuatus vel Cavus

Chorea (x)
*Friedreich's Disease
Infantile Paralysis (s)
Spastic Paraplegia

616. Claw Foot

(as above, but wasted)
Friedreich's Disease
Pseudo-hypertrophic Paralysis (s)
Talipes equinus
Talipes equino-varus

617. Foot Everted

Coxa vara
Fracture, Pott's
Fracture of Tibia and Fibula
Fracture, Extracapsular of Thigh

Hip, Dislocation into Foramen

Hip, Dislocation on Pubes

Locomotor Ataxy

618. Foot Turned-in

Hip, Dislocation on Dorsum Ilii

Locomotor Ataxy

Pseudo-hypertrophic Paralysis

Spastic Paraplegia

Tooth's Paralysis

Talipes varus
anterior half

619. Toe Swollen

Abscess

Bunion

Bursitis

Cellulitis

Chilblains

Erysipelas

Gout

Mycetoma

Rheumatoid Arthritis

620. Popliteal Space

The glands receive the deep lymphatics of the leg. No lymphatic glands are found below this point

Abscess

under fascia

Aneurysm

613-620

POPLITEAL SPACE—*cont.*

Bursæ

that under the semi-membranosus communicates with the knee-joint

Enlarged Glands

621. Œdema of Leg or Foot

Aneurysm, Popliteal

Aneurysm, Abdominal

Acute Ascending Paralysis

Anæmia

Abdominal Tumours

Anasarca (287)

Beri-beri (shins)

Cellulitis

Cirrhosis of Kidney

Cirrhosis of Lung

Dissecting Aneurysm

Dilatation of Heart

Erysipelas

Erythema nodosum

Exophthalmic Goitre

Emphysema

Fatty Degeneration of Heart (s)

Gout

Hæmorrhage, Profuse

Mitral Disease

Menorrhagia

Mycetoma

Nephritis

Osteomyelitis

Ovarian Cyst

Periostitis

Peritonitis, Chronic

Pregnancy

Phlegmasia Alba Dolens

u. left leg

Phthisis, II.

Pernicious Anæmia

Phlebitis

Polymyositis

Scurvy

Tuberculosis

Trichinosis

Thrombosis

Trypanosomiasis

Urticaria

Varicose Veins

deep or superficial

622. Varicose Veins

Aneurysm, Abdominal

Pregnancy

Sigmoid, Loaded

Standing Occupations

Thrombosis

Tumours, Pelvic

Tumours, Abdominal

623. Perforating Ulcer of Foot

Diabetes

General Paralysis

Locomotor Ataxy

Leprosy

Peripheral Neuritis

620-623

PERFORATING ULCER OF FOOT—continued

Syphilis
Syringomyelia

624. Gangrene and Phalangeal Necrosis

Arterio-sclerosis
Arteritis, Obliterative
Anthrax
Beri-beri
Burns
Diabetes
Embolism
Ergotism
Exophthalmic Goitre
Frostbite
Glanders
Hysteria
Injuries
Leprosy
Morvan's Disease
whitlows also
Plague
Raynaud's Disease
symmetrical
Syringomyelia
whitlows also
Snake-poison
Thrombosis
Wounds, Crushed
(See *Anasarca*, 287)

625. Pad on Dorsum

Yellow-wax-like
Rickets

626. Cold Extremities

Arterio-sclerosis
Ague (cold stage)
Anæmia
Cholera
Concussion of Brain
Collapse (173)
Dilatation of Heart
Ergotism
Frostbite
Gangrene, Senile
Malformation of Heart
Neurasthenia
Paralysis
Raynaud's Disease
'*digiti mortui*'
Stomach, Atony of
Syringomyelia
affected limb
Tooth's Paralysis

627. Œdema of Arm

The arms of stout women near the menopause frequently become œdematous without organic cause. Sometimes the dress compresses the axillary vein

Aneurysm of Aorta
transverse
Aneurysm of Innominate
Aneurysm of Axillary
Cellulitis
Erysipelas

623-627

CEDEMA OF ARM—cont.

Glands, Enlarged Axillary

Hysterical Oedema

(hands)—does not pit

Mediastinal Tumour

Mediastinitis

Mycetoma

Myositis

Thrombosis

Trichinosis

Urticaria

(See *Anasarca*, 287)

628. Axillary Swellings

Abscess

Aneurysm

Accessory Mammæ

Affections of Glands

Lipoma

Sebaceous Cyst

629. AXILLARY GLANDS

The pectoral chain receives its lymphatic vessels from the mamma and the front of the chest; the subscapular group from the back, and the central series from the arm. The three inner fingers belong to the supracondyloid gland.

630. Enlarged

Systemic conditions. Irritation in the above areas

Boils

Cancer, Secondary

Ecthyma

Lymphosarcoma

Lymphadenoma

Leukæmia

Plague

Sepsis

Syphilis

Sarcoma, Secondary

Symmetrical Adenolipomatosis

Varicella

Wound, Inflamed

631. Shoulder Swellings

Bursa, Enlarged

Cancer

Dislocations

Fracture of Acromion

Fracture of Clavicle

Fracture of Neck of Humerus

Separated Epiphysis

Synovitis

Tumours

632. Enlarged Trochlear Gland

No lymphatic glands are found in the forearm below this

Hereditary Syphilis (v)

627-632

633. Ulnar Nodes

Erythema Nodosum
Gummata

634. 'Silver Fork Wrist'

Colles's Fracture
Dislocation of Wrist

635. Arm Shortened

Achondroplasia
Dislocation upwards
Infantile Paralysis
Infantile Hemiplegia

636. Spade Hand

Acromegaly
Cretinism
Myxœdema

637. Claw Hand (Main-en-griffe)

Amyotrophic Lateral
Sclerosis
Friedreich's Disease
Progressive Muscular
Atrophy
Poliomyelitis, Anterior
adults
Spinal Pachymeningitis
Tooth's Paralysis (s)
Tetany
Ulnar Nerve Injuries
Ulnar Neuritis
Dupuytren's disease simu-
lates this, but is dis-
tinguished by the palmar
fascia being contracted

638. Accoucheur's Hand

Tetany
(See *Trousseau's
Phenomenon*, 1037)

639. Heberden's Nodes

A knobby enlargement of
the terminal phalanges
at their proximal ex-
tremities

Gout
Rheumatoid Arthritis
Toxæmia, Intestinal

640. Koplik's Stigma of Degeneration

Prominence over pisiform
bone

Cretinism, Sporadic

641. Clubbed Fingers

Acromegaly
Aneurysm of Aorta
Cirrhosis of Lung
Dyspnoea, Chronic (874)
Empyema
sometimes transient
Emphysema
Malformation of Heart
Pulmonary Osteo-
arthropathy
Pleurisy, Old
*Phthisis, II.

633-641

642. Fingers Deflected

Achondroplasia

two inner fingers inwards,
two outer fingers out-
wardsRheumatoid Arthritis
outwards

Gout

Rheumatoid Arthritis

Sclerodactyla

Spina ventosa

tubercle of bone

Syphilitic Dactylitis

643. Finger Swollen

Abscess

Achondroplasia
and shortened

Cellulitis

Chilblains

Erysipelas

Foreign Body

644. Finger-tips Red and Swollen

Chilblains

Erythromelalgia

Hysteria

Locomotor Ataxy

Lupus Erythematosus

Neurasthenia

Onychia

645. NAILS

The finger nails take about six months to grow, the toe nails about eighteen months.

646. Cyanosed

Ague (cold stage)

Dyspnoea (874)

Emphysema

Mitral Disease

Malformation of Heart

Phthisis

Raynaud's Disease

Syringomyelia

Xeroderma pigmento-
sum**647. Brittle**

Chancre, Primary

Eczema

Exophthalmic Goitre

Favus

Gout

Leprosy

Neuritis

Onychomycosis

Onychorrhaxis

Psoriasis

642-647

BRITTLE—continued

Pellagra
Pulmonary Osteo-
arthropathy
Rheumatoid Arthritis
Raynaud's Disease
Syringomyelia
Sclerodermia
Syphilis

648. Shed

Alopecia Universalis
Desquamation, Exces-
sive
Diabetes
Enteric Fever
Gonorrhœa (x)
Locomotor Ataxy
Leprosy
Morvan's Disease
Onychia
Pemphigus Foliaceus
Pityriasis Rubra
Psoriasis
Ringworm
Scarlatina
Syphilis
Whitlow

649. Incurved

Diabetes and other
Wasting Diseases
(215)

650. Grooved

Alopecia
Arsenic-poisoning
Eczema
Exophthalmic Goitre
Gout
Insanity
Leprosy
Neurasthenia
Neuritis
Pityriasis Rubra
Pulmonary Osteo-
arthropathy
Pemphigus Foliaceus
Whitlow, Old
Or a recent acute illness

**651. Enlarged and Thick-
ened**

Acromegaly
Hyperidrosis
Keratosis
Onychogryphosis
Pityriasis Rubra
Pemphigus Foliaceus
Scleronychia
Syringomyelia

652. Ulcers around Nails

Chloral Habit
Syphilis, Primary
Syphilis, Tertiary
Tuberculosis
Trauma

647-652

653. Koilonychia

‘Spoon nails’

Eczema

Scurvy

Subungual Hæmor-
rhage**654. ‘Reedy’ Nails**

Arsenic-poisoning

Gout

Irritation, Local

Nail Biting

Raynaud’s Disease

JOINTS**654a. Swollen**

Antitoxin (s)

Barlow’s Disease

about large joints

Charcot’s Joint (655)

Cerebro-spinal Menin-
gitis

Dengue

Fracture into Joint

Gout

Glanders

Hydrops Articuli

Hereditary Syphilis

Hæmophilia

Locomotor Ataxy

Loose Cartilage

Myelitis, Acute (x)

Osteitis, Acute Articular

Peliosis Rheumatica

Pulmonary Osteo-
arthropathy

Pyæmia

Purpura

Puerperal Fever

Rheumatism, Acute

Rheumatism, Gonor-
rhœal

Rheumatoid Arthritis

Synovitis, Acute

Synovitis, Tubercular
boggy

Syphilitic Arthritis

Syringomyelia

Trichinosis

Uræmia (x)

** Beware of bursæ

655. Charcot’s Joint

*Locomotor Ataxy

Syringomyelia (x)

656. Stiff Joints

Adhesions

Abscess near Joint

Appendicitis

right abdominal muscles
and hip

Ankylosis

Antitoxin (s)

653-656

STIFF JOINTS—*continued*

Arthritis Ossificans

Cancer

Caries of Spine

Fibrositis

Gout

Hysteria

Injuries

Lichen ruber

Myositis Ossificans

Phlebitis

Peritonitis

Pulmonary Osteo-
arthropathyPelvic Cellulitis
one thigh

Polymyositis

*Rheumatism

Rheumatoid Arthritis

Synovitis, Simple or
Tubercular

Synovial Effusion

Sclerodermia

'Spondylose rhizomé-
lique'

Trichinosis

Ulceration of Cartilage

** Rigidity must not be mis-
taken for stiffness (see
1040)

657. Creaking Joints

Morvan's Disease

Myxœdema

Osteitis Deformans

Rheumatism

Rheumatoid Arthritis

Synovitis, I. and III.

658. Distorted Joints

Coxa vara

Caries of Epiphysis

Dislocation

Epiphysis, Separated

Fracture

Genu retrorsum

Genu valgum

Genu varum

Locomotor Ataxy

Osteitis Deformans

Rheumatoid Arthritis

Rickets

Rachitis Adolescentium

659. Genu Retrorsum
(Hyperextension)

Charcot's Disease

Congenital Paralytic

Club Foot

Deformity of Opposite
Leg

Locomotor Ataxy

Rickets

Rudimentary Patella

660. Tailor's Rotation

Coxa vara

Absent in *M. coxæ*

656-660

GENITALS

661. Priapism

Ascarides

Cantharides-poisoning

Convalescence from
Acute Disease

Calculus of Bladder

Distended Bladder

Epilepsy (præm.)

***Gonorrhœa**

Hydrophobia

Hæmorrhoids

Hæmorrhage in Middle
Lobe of Cerebellum

Leukæmia

Lesion of Pons

Loaded Rectum

Myelitis

Prostatic Disease

Spinal Meningitis

Tetanus

Urethritis

662. Penile Ulceration

Chancre, Hard

dry, solitary, with indu-
rated base; long incuba-
tion

Chancre, Soft

soft base, purulent, mul-
tiple; short incubation

Herpes

a festooned margin; pre-
ceded by small vesicles

Tubercle

same condition elsewhere

Varicella

Variola

The two forms of chancre
may be contracted simul-
taneously**663. Urethral Discharge**

Catarrh

Chancre in Urethra

Foreign Body

Gleet

***Gonorrhœa**

Prostatitis

Tubercle, Local

Urethritis

664. Spermatorrhœa

Ascarides

Loaded Rectum

Locomotor Ataxy

Masturbation

Myelitis, Transverse

Neurasthenia

Venereal Excess

****** Normal at intervals in celi-
bates**665. Swelled Testicle**

Abscess

Cancer

661-665

SWELLED TESTICLE—
continued

Cystic Disease
Epididymitis
Enchondroma
Orchitis, Simple
Orchitis, Syphilitic
Orchitis, Tubercular
Sarcoma
Tumours
Torsion of Cord

666. Impotence

Atrophy of Testes
Ataxic Paraplegia
(early)
Diabetes
General Paralysis
but exalted at first
Locomotor Ataxy
Neurasthenia
Primary Spastic Paraplegia
Progressive Muscular
Atrophy
Seminal Vesiculitis, III.
Varicocele (x)

667. Pendulous Testicles

Debility
Diabetes
Locomotor Ataxy
Masturbation
Sexual Excess
Spermatorrhœa

668. Scrotal Swelling

Abscess, Urethral
Anasarca
Bites of Insects (s)
Cancer, Encephaloid
Erysipelas
Elephantiasis
Emphysema
Epithelioma
(‘chimney-sweep’s cancer’)
Hydatids (s)
Hæmatocele
Hydrocele
translucent
Hernia
‘Lymph Scrotum’
Edema
Tumours
Varicocele

669. Labia, Swelling of

Abscess
Boil
Cancer
Chancere
Cyst
Diphtheria
Erysipelas
Elephantiasis
Gonorrhœa
Hæmatocele
Hernia
Hypertrophy
Hydrocele of the Sac

665-669

LABIA, SWELLING OF—
continued

Hydrocele of Canal of
 Nuck
 Sebaceous Cyst

Trauma
 Varix
 Vulvitis
 Vulvitis, Membranous
 Warts

MICTURITION

670. Frequent

Ascarides
 Angina Pectoris
 Antelexion
 Azoturia
 Ague (præm.)
 Blood-clots in Bladder
 Calculus
 esp. by day
 Cancer of Bladder
 Cirrhosis of Kidney
 Cantharides
 *Cystitis
 Diabetes mellitus
 Diabetes insipidus
 Dysentery
 Dysmenorrhœa
 Emotions
 Exposure to Cold
 Fungus of Bladder
 Foreign Body in
 Bladder
 Fistula in Ano
 Gout (præm.)
 Gravel
 Gonorrhœa

Hæmorrhoids
 Hydronephrosis
 Hypertrophy of Bladder
 Hyperpyrexial Sun-
 stroke
 Hyperæsthesia of
 Bladder
 Loaded Rectum
 Neuralgia of Bladder
 Nephritis, Chronic
 Over-purgation
 Prolapsus Uteri
 Prolapse of Bladder
 Prostate, Enlarged
 esp. at night
 Peritonitis, i.
 Proctitis, Acute
 Pyelitis, Chronic
 Renal Colic
 Retention with Inconti-
 nence
 Stricture of Urethra
 Sunstroke
 Tubercular Bladder
 Tubercular Kidney
 Tubercular Urethra

669-670

FREQUENT—continued

Tumour of Bladder
Ulcer of Bladder
Uterine Fibroid
Uterine Congestion
Urethral Caruncle

671. Incontinence

Atony of Bladder
Anæsthesia of Bladder
nocturnal
Apoplexy
Ascarides
Atrophy, Senile
Ataxic Paraplegia
Coma (46)
Cystocele
women
Cystitis (x)
Compression of Cord
Epilepsy
nocturnal
Fright
General Paralysis, III.
Infantile Paralysis (s)
Locomotor Ataxy
Meningitis, Cerebro-
spinal
Meningitis, Chronic
Spinal
Myelitis, Chronic
*Over-distension of
Bladder
'retention with inconti-
nence'

Oxaluria
Phosphaturia
Purulent Spinal Pachy-
meningitis
Prostatitis
Phimosis
Paraplegia
Paralysis of Neck of
Bladder
Spina bifida (s)
Spinal Meningeal
Hæmorrhage
Spinal Concussion
Spinal Apoplexy
Spinal Meningitis
Spastic Paraplegia
Syph. Spinal Paralysis
Shock
Super-Acid Urine
Softening of Cord,
Transverse
Spasm of Detrusor
Uric Acid Excess
Venereal Excess

This symptom is absent in
multiple neuritis, lateral
sclerosis, and polio-
myelitis

672. Retention

Atony of Bladder
Catarrh of Bladder
Coma (46)
Dysentery
Diphtheritic Paralysis
Hysteria

670-672

RETENTION—*continued*

Impacted Calculus, Clot,
or Foreign Body

Locomotor Ataxy

Myelitis, Chronic

Meningitis, Internal
Spinal

Meningitis, Cerebro-
spinal

Obstruction of Ureters

Pericystitis

Paralysis of Bladder

Peritonitis, *ii*

Prostate, Enlarged

Rectum, Impaction in

Stricture of Urethra

*Spasm of Urethra

Spastic Paraplegia

Spina bifida (s)

Syph. Spinal Paralysis

Spinal Meningeal Hæ-
morrhage, *i.*

Softening of Cord,
Transverse

Tumour of Bladder

Urethritis

673. Painful Micturition

Cystitis

Calculus

esp. in children

Enlarged Prostate

Foreign Body in
Urethra

*Gonorrhœa

Pelvic Peritonitis

Pyelitis

Sacro-iliac Disease

Stricture

Tubercular Bladder
cramplike

Urethritis

Urethra, Tubercular

Urethral Caruncle

Urethral Chancre

**674. Dysuria, Tenesmus,
or Strangury**

Appendicitis (s)

Acrid Urine

Calculus, Vesical

Cystitis

Congestion of Kidney
cantharides, turpentine, etc.

Compression of Cord

Cancer of Bladder,
Cervix, or Prostate

Concussion, Spinal

Dysmenorrhœa

Dysentery

Fungoid Bladder

Gravel

Gonorrhœa

Hæmorrhoids, Inflamed

Lithæmia

Locomotor Ataxy

Metritis, Acute

Neuralgia of Bladder

Ovarian Cyst

672-674

**DYSURIA, TENESMUS, OR
STRANGURY—cont.**

Phimosis
Phosphaturia
Pyelitis
Prolapsus Uteri
Prostate, Enlarged
Paralysis of Diaphragm
Pelvic Peritonitis
Pelvic Cellulitis
Perinæal Abscess
Polypus of Bladder
Proctitis
Prostatitis
Spasm of Bladder
Stricture, Advanced
Tumour of Bladder
Urethral Chancre
Urethritis
Uric Acid Excess
Ulcer of Bladder
Variola or Varicella
vesicles in urethra
Vulvitis

675. Diminished Stream

Atony of Bladder
Impacted Calculus or
Clot
Meatus, Contracted
Prostate, Enlarged
Prostatitis
Phimosis
*Urethral Stricture

676. Interrupted Stream

Calculus
Clot
Cystitis
Foreign Body
Pendulous Tumour of
Bladder

677. Suppression of Urine

Abdominal Aneurysm
Abdominal Tumour
+ Cholera
Enteric Fever, III.
Ether Inhalation (x)
Hydronephrosis
Hysteria
Kidneys, Acute Conges-
tion of
+ Nephritis, Acute
Nephritis, Chronic, III.
Peritonitis (s)
Pernicious Anæmia
Pyonephrosis
+ Poisoning by Lead,
Turpentine, or Can-
tharides *and etc.*
Shock
Sunstroke
Thrombosis, Renal
Thrombosis of Inferior
Vena Cava
Typhic state
+ Yellow Atrophy, Acute
+ Yellow Fever

674-677

THE URINE

678. Quantity and Reaction.—Where it is necessary to ascertain the exact quantity of urine passed, the entire proceeds of twenty-four hours must be collected and measured. Its reaction is ascertained by dipping in it the end of a strip of litmus paper; if acid, blue litmus is turned red; if alkaline, red litmus is turned blue, and this blue, if due to ammonia, disappears when the paper is warmed. An amphoteric reaction means that red litmus is turned blue and blue litmus red.

679. Sugar.—Equal quantities of fresh Fehling's solution and urine should be boiled in separate tubes and mixed, and then heated again. When sugar or other reducing substance is present, an orange-red precipitate forms.

Caution.—This reaction is also given by the presence in the urine of alkapton, chloroform, chloral, salicylic acid, pentose, creatin, creatinin, and, if in great excess, by uric acid.

The glucose test is employed when sugar is strongly suspected and cannot be detected by ordinary means. The patient is given $3\frac{1}{4}$ oz. of glucose, and the urine is examined four hours afterwards; in health none will be found.

Quantitative Test.—This may be estimated approximately by Gowers' Test. Equal parts of urine and liquor potassæ are boiled together and the colour noted. Lemon yellow indicates 5 per cent. of sugar; pale

678-679

sherry, 10 per cent. ; dark sherry, 15 per cent. ; and port-wine colour, 20 per cent. or more.

680. Albumen.—The conventional test, by adding nitric acid after boiling, may mislead if either too much or too little acid is used. The proper proportion is 10 drops to 10 c.c. Acetic acid is preferable therefore ; acidulate with a little of this and then boil the upper half ; should albumen be present, a flocculent precipitate will form. Or a saturated solution of picric acid may be used ; when drops of urine are allowed to fall into this, they leave a cloudy track if albumen or albumose be present ; but the latter redissolves on heating, while the albumen is unaffected ; the test is only of negative value. In MacWilliam's test half a drachm of urine is placed in a very small test-tube, and a few crystals of salicyl-sulphonic acid are added cold. If there is no precipitate, there is no albumen ; if there is, it will clear up on boiling if due to albumose, but not if due to albumen. This test is likely to supersede all others.

681. Bile.—Bile-pigment is detected by putting a little of the urine on a porcelain plate in lateral contact with a few drops of strong nitric acid, when a play of prismatic colours will be observed between them.

682. Casts, Crystals, etc.—The urine must be left to stand in a conical glass for a couple of hours. A little of the sediment taken up with a pipette is dropped upon a glass slide, covered, and examined with a quarter-inch objective. Only moderate illumination should be employed for casts. The use of a centrifuge greatly hastens matters ; but it is almost misleadingly sensitive in some cases.

683. Albumose.—Filter off the precipitated albumen. On the addition of liquor potassæ and a few drops of

679-683

a 1 per cent. solution of sulphate of copper to the filtrate, a violet colour will develop. (See 712.)

684. Blood.—This may be fairly abundant even in pale urine. On boiling with one-third its volume of liquor potassæ a well-marked, red, flocculent precipitate will gradually form if blood be present (Heller's test). The guaiacum test is more accurate, but it must be remembered that iodides in the urine give the blue coloration, though more slowly. A few drops of tincture of guaiacum are added to some 'ozonic ether,' and the mixture is allowed to run upon the surface of some urine in a test-tube. A blue ring is formed at the junction of the two fluids if blood be present.

The coagulate produced by boiling urine containing blood is usually of a dirty brown colour. It is useful to know how much blood a given precipitate represents, and I have found by experiment that the addition of 2 per cent. of blood yields, after standing twelve hours, a deposit amounting to $\frac{1}{6}$ of the height of the fluid in the tube.

685. Uryhæmatin.—The hæmatin is sometimes converted into uryhæmatin; the urine is then pale. To restore the red colour add hydrochloric acid.

686. Ehrlich's Test.—A mixture of 50 c.c. of half per cent. solution of sulphanilic acid, with 1 c.c. of half per cent. solution of nitrite of soda, is added to an equal quantity of urine, and then well shaken with one-eighth the volume of ammonia. A bright red foam will result in certain cases (732).

687. Methylene Blue Test.—One c.c. of 5 per cent. solution of pure methylene blue is injected into the gluteus maximus. The urine, if normal, shows within half an hour a green tint, which goes on

683-687

deepening in colour for the next three hours. The colour is diminished in interstitial nephritis. Doubt has been thrown upon the value of this test.

688. Sahli's Reaction.—Iodoform, enclosed in a gelatine capsule which has been hardened in formalin, is given by the mouth. Normally, iodine should be detected in the urine in from four to eight hours. If it is later than this, or absent, there may be pancreatic disease or impaired motility of stomach.

COLOUR

689. Pale Urine

The normal colour is that
of pale sherry

Anæmia (325)
Asthma, Spasmodic
Amyloid Kidney
Ague (præm.)
Cirrhosis of Kidney
Chlorosis
Convalescence
Copious Drinking
Diabetes
Diabetes insipidus
Diuretics
 including alcohol
Gout, Chronic
Hysteria
Stomach, Atony of
Tannin internally
Uryhæmaturia
 turns red with hydro-
 chloric acid

690. High Colour

Cancer of Liver
Cirrhosis of Liver
Cyanotic Liver
Congestion of Kidney
Dysentery
Duodenal Catarrh
Dyspepsia
Gout
Gastritis
Hepatitis, Acute
Influenza
Lithæmia
Peritonitis
Pernicious Anæmia
Pyrexia (219)

Also from exercise, food,
perspiration, and from
taking rhubarb, saffron,
santonin, or turmeric

687-690

691. Brown to Black

Alkaptonuria

clear on passing

Indicanuria

*Jaundice

Melanotic Cancer

after standing

Pernicious Anæmia (s)

Paroxysmal Hæmo-
globinuriaAlso after ingestion of car-
bolic acid, exalgin, crea-
sote, salol, tar, or resorcin**692. Smoky**Usually due to renal
hæmorrhage (methæmo-
globin)

Bilharzia

Cancer of Kidney

Concretions in Tubules

Cirrhosis of Kidney, III.

Hæmophilia

Hæmoglobinuria

Hæmaturia

*Nephritis, Acute

Paroxysmal Hæmo-
globinuria

Purpura

Renal Colic

Rupture of Kidney

Scurvy

Suppuration of Kidney

Tubercle of Kidney

(See *Blood in Urine*, 724)**693. Milky or Fatty**

Chyluria

the urine may coagulate
on cooling—fibrinuriaObstruction of Thoracic
DuctWhite Urates in suspen-
sion

Malingersers add milk

694. FrothyMucus, Albumen, Bile,
or Sugar (*q.v.*)**695. Blue**Methylene Blue, In-
gestion of

in drugs or confectionery

Oxidation of Indican

(See *Indican*, 728)**696. Green**

Chloroma

Methylene Blue

Pink musk lozenges have
produced an opalescent
green urine**697. Pink**

Chrysophanic Acid

in alkaline urine

Picric Acid Poisoning

Rosaniline

691-697

698. REACTION

The normal acidity of the urine is due to the presence of acid phosphates.

699. Super-acid

Ague Paroxysm
Dilatation of Stomach
Gout
Leukæmia
Pyelitis
Paroxysmal Hæmo-
globinuria

***Rheumatism, Acute**

Also after eating cheese,
meat, and cereals

700. Sub-acid (of little or no significance)

Chlorosis
Ingestion of Fruit or
Potatoes

701. Amphoteric Reaction

Containing both basic and
acid phosphates (?)—of
no clinical significance

702. ALKALINE

The urine must be ex-
amined soon after it has
been passed. It is often
alkaline immediately
after a meal.

(a) Volatile

Acute Yellow Atrophy
Ague (intervals)
Ascites
Anasarca
Calculus, Vesical

Cystitis
Gastric Irritation
Hyperchlorhydria
*Retention
Spinal Injury
Tuberculosis of Urinary
Tract
Vegetable Diet

(b) Fixed

Anæmia
Atony of Stomach
Chlorosis
Ingestion of Alkalies
Neurasthenia
'Phosphaturia'
Prostration
Rheumatism

703. Odorous

Acetonuria
like over-ripe apples
Chyluria
milky
Cystitis
ammoniacal
Diabetes
apple-like
Recto-vesical Fistula
fæcal
Turpentine, Ingestion of
like violets

704. High Specific Gravity

Congestion of Kidney (v)

*Diabetes mellitus

Gout, Acute

Hæmaturia

Leukæmia

Lithæmia

Nephritis, Acute

Pyrexia (219)

Pneumonia, Acute

Rheumatism, Acute

Also after repletion, long retention, profuse perspiration, and ingestion of phloridzin

705. Low Specific Gravity

Amyloid Kidney

Atony of Stomach

Anæmia

Ague (cold stage)

*Cirrhosis of Kidney

Cystic Disease of Kidney

Chyluria

*Diabetes insipidus

Gout, Chronic

Hysteria

Hydronephrosis

intermittent

Myxœdema

Also after fasting, copious drinking, and diuretics

706. Freezing Point

The normal freezing point is -1.3° to -2.2° C.

Inflammatory Kidney Diseases

not more than -1° C.

QUANTITY

The normal quantity for an adult is $2\frac{1}{2}$ to 3 pints

707. Quantity Increased (Polyuria)

Acromegaly

Acute Diseases

convalescent stage

Anæmia

Asthma, Spasmodic

Angina Pectoris

Amyloid Kidney

Ague (cold stage)

Cirrhosis of Kidney, III.

Chorea

Cystic Disease of Kidney

Chlorosis

*Diabetes mellitus

*Diabetes insipidus

Epilepsy

Floating Kidney

intermittently

Hydronephrosis

coincidentally with the disappearance of the lumbar swelling

407-707

QUANTITY INCREASED—
continued

Hysteria
 Locomotor Ataxy
 Migraine
 Myxœdema
 Neurasthenia
 Phosphaturia
 Resorption of Effusions
 Tumour of Fourth
 Ventricle (s)
 Tubercular Kidney

Also after copious drinking; after foods containing citrates or tartrates, and after diuretics, including gin, beer, hock, and phloridzin

**708. Quantity Diminished
 (Oliguria)**

Abdominal Aneurysm
 or Tumour
 by pressure
 Ascites (late)
 Atrophy of Kidney,
 Acute
 Congestion of Kidney
 Collapse of Lung
 Cholera
 Diarrhœa
 Dilatation of Stomach
 Embolism of Kidney
 Fatty Kidney
 Gastritis, Chronic
 Gout

Influenza
 Intestinal Obstruction
 Lead Colic
 Mechanical Obstruction
 Melancholia
 Nephritis, Chronic
 Pyrexia (219)
 Pleurisy with Effusion
 Peritonitis
 Pneumothorax
 Relapsing Fever
 Thrombosis of Inferior
 Vena Cava or Renal
 Vein
 Vomiting, Prolonged
 Also abstention from fluids,
 excessive perspiration,
 etc.

(See *Retention*, 672, and
Suppression, 677)

709. Albumen

For tests see 680

Abdominal Aneurysm
 Albuminuria, Intermittent (710)
 Amyloid
 Alcoholic Coma
 Acute Yellow Atrophy
 Acute Atrophy of Kidney
 Bronchitis, Chronic
 little
 Burns
 Cerebro-spinal Meningitis

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707-709

ALBUMEN—*continued*

Cerebral Tumours
 Cholera
 Cirrhosis of Kidney
 little or none
 Congestion of Kidney
 little
 Cystic Disease of Kidney
 Cirrhosis of Liver (s)
 Diphtheria
 third or fourth day
 Diabetes
 Displacement of Heart
 Erysipelas
 Emphysema
 a little
 Enteric Fever
 a little in 25 per cent. of cases
 Exophthalmic Goitre
 Endocarditis
 Embolism of Kidney
 Fevers (s)
 a little
 Fatty Kidney
 Gout (s)
 Hepatitis, Acute
 Hydrophobia
 Hyperpyrexia
 Intermittent Hæmoglobinuria
 Influenza (s)
 Lead-poisoning
 Mumps

Medulla, Lesion of
 Morphinism
 Mediastinitis
 Mercurialism
 Mitral Regurgitation
 *Nephritis, Acute
 much
 Nephritis, Chronic
 much at first, less later
 Nervous Paroxysms
 Obstruction to Vena Cava inferior
 Ovarian Tumours
 Pancreatitis
 Paratyphoid
 Pernicious Anæmia
 Pemphigus
 Phosphorus-poisoning
 Peliosis rheumatica
 Psittacosis
 Pernicious Intermittent
 Pregnancy
 Pneumonia, Acute
 a little
 Rabies
 Raynaud's Disease
 Rheumatism, Acute
 Remittent, Severe
 Suppurative Nephritis
 Tricuspid Regurgitation
 Tuberculosis, Acute
 a little
 Tubercular Kidney, i.
 Tumours, Abdominal

ALBUMEN—continued

Tumours, Renal
 Ulcer, Gastric (s)
 Urethra, Obstructed
 Variola
 Weil's Disease
 Yellow Fever

* * Caution: albumen may also be derived from blood, pus, or semen

710. Intermittent Albuminuria

Is found in some apparently healthy individuals, especially after excitement, active exercise, or heavy nitrogenous meals. It ceases when the patient is *recumbent*. Conversely, there is a form of intermittent albuminuria associated with enlarged spleen and due to pressure upon the renal vein. This ceases when the patient is *erect*. (Rolleston)

711. Bence-Jones Albumen

Some authors make no distinction between this and albumose; but, chemically, this form is hetero-albumose, while that in the next section is deuto-albumose

Mollities Ossium
 Multiple Myelomata

712. Albumose

Albumose coagulates at 140°, the precipitate re-

dissolving on boiling.
 For other tests see 683

Bronchiectasis
 Cancer of Digestive Tract

Cirrhosis of Liver

Diphtheria

Empyema

Enteric Fever

Influenza

Infarcts

Leukæmia

lymphatic form

Liver Diseases

Mumps

Measles

Meningitis, Purulent

Mollities Ossium

Multiple Myelomata

Myelosarcoma

Myxœdema

Pernicious Anæmia

Puerperal state

Pneumonia, Acute, III.

Phthisis

Rheumatic Fever

Scarlatina

Syphilis

Septicæmia

* Suppurative Processes in general

Ulcer of Intestine

Yellow Atrophy, etc.

* * Albumosuria has no relation to kidney disease

709-712

713. Nucleo-albumen

Of little clinical import.
It is almost identical
with mucin (723)

Albuminuria, Febrile

Albuminuria, Intermittent

Cystitis

Jaundice

Leukæmia

Nephritis, Acute

Arsenic, naphthol, or mercury will produce it

714. Fibrinuria

The urine coagulates on standing

Chyluria

Cantharides

Villous Bladder

715. Sugar (Glycosuria)

For tests see 679

Alcoholism

Apoplexy

Acromegaly

Boils

a little

Carbuncles.

a little

Cancer of Pancreas (s)

Convalescence from

Fevers

Concussion of Brain

Cerebral Tumours

esp. when the pituitary body is involved

Cirrhosis of Liver

Chronic Pancreatitis

if islands of Langerhans are affected

Calculus, Pancreatic
after paroxysm

*Diabetes mellitus

Disseminated Sclerosis

(x)

Exophthalmic Goutte

Fractured Skull

a little

Gout

Hooping Cough

Hydrophobia (s)

Locomotor Ataxy (x)

Melancholia

Medulla, Lesion of

Neurasthenia

Obesity (x)

Phosphorus-poisoning

Portal Obstruction

transient—urina cibi only

Puerperal state

really lactose

Rheumatoid Arthritis (x)

Rabies

Ulcer of Stomach (s)

Sugar is also found after chloroform, after eating largely of grape sugar, and after nitrite of amyl. Phloridzin produces it

716. Inosite (Muscle Sugar)

Diabetes insipidus

Nephritis, Chronic

Tumour of Fourth Ventricle

Copious Draughts of Water

717. Glycerine

Before testing, alcohol and sugar must be eliminated

Pancreatic Disease

this is the Pancreatic Reaction of Mayo-Robson and Cammidge

718. Pentose

Found normally in some beer drinkers

Diabetes

Morphinomania

Pancreatic Disease

719. Acetone

Cancer

Cerebral Disease

*Diabetes

esp. diabetic coma

Exophthalmic Goitre

Fevers

Hyperpyrexia

Inanition

Locomotor Ataxy

Melancholia

Nephritis

Pneumonia

Pregnancy

Septicæmia

Tuberculosis, III.

Also after an exclusive diet of highly nitrogenous food

720. Diacetic Acid

Dilute perchloride of iron gives a red tint brighter than that due to salicylates

Cirrhosis of Liver

Diabetes

Fasting

Fevers

Meat Diet, Exclusive

721. Brickdust Sediment

Chiefly urate of soda. The pinkish colour is due to uroerythrin

Ague (sweating stage)

Constipation

Congestion of Kidney

Cyanotic Liver

Cancer of Liver

Dysentery

Dyspepsia

Dilatation of Stomach

Emphysema

Fæcal Accumulation

Gastritis, Acute or Chronic

Gout

Hyperidrosis (273)

Lithæmia

716-721

BRICKDUST SEDIMENT—
continued

Pyrexia (219)

Pneumonia, Acute

Rheumatism, Acute

722. White Sediment

Soluble on heating. This takes the place of the above in children and in some adults

723. Mucus

Mucin may be mistaken for albumen. It yields a precipitate with acetic acid, a 5 per cent. dilution of which should be added to an equal quantity of the urine, cold. Urinary mucin is largely made up of nucleo-proteid (713)

***Cystitis**

Cancer of Bladder

Prostatic Disease
threads

Pyelitis, Acute

Spinal Injuries and
Diseases

Tuberculosis of Bladder
or Kidney

In small quantities mucus is a normal constituent; in large quantities it is chiefly noticeable in alkaline urine

Pus (see 746)

724. Hæmaturia

Hæmoglobin in corpuscles.

For blood-tests see 684

Abscess

rupture into bladder

Aneurysm, Renal

Ague

Asthma

Barlow's Disease

Bilharzia

Catheterism

Cholera

Cystitis, Acute (x)

Cystic Disease of Kid-
ney

Congestion of Kidney,
Active

Cancer of Kidney, Blad-
der, or Prostate

Calculus, Renal or
Vesical

oxalic acid (v); uric acid
(x), never phosphates

Cholera

Diphtheria

Distomiasis

Embolism of Kidney

Endocarditis, Malignant

Filariasis

Foreign Body

in urinary tract

Gonorrhœa

Hydronephrosis

Injury

Infarct, Renal

721-724

HÆMATURIA—cont.**Irritants**

e.g. cantharides or turpentine

Jaundice (s) (331)

Leukæmia

Menstruation

Movable Kidney

Metrorrhagia

Nephritis, Acute

Nephritis, Chronic

large red variegated kidney

Nephritis, Suppurative

Neurasthenia (x)

Pyelitis, Acute

Poisoning by Phosphorus

Purpura hæmorrhagica

Prostatitis

Prostate, Tuberculous

Prostate, Tumour of

Pernicious Intermittent

Relapsing Fever

Remittent Fever

Scarlatina Maligna

Sarcoma of Kidney

Scurvy

Tubercle of Bladder

Thrombosis of Renal Vein

Tubercle of Urethra

Tubercle of Kidney

Urethritis

Ulcer of Bladder
intermittent

Ulceration in Urinary Tract

Urotropin (s)

Variola, Malignant

Villous Growth of Bladder

Yellow Fever

725. Hæmoglobinuria

(Free hæmoglobin)

Chlorosis

colourless = uryhæmoglobin

Malaria (x)

Paroxysmal Hæmoglobinuria

Rabies

Raynaud's Disease

Winkel's Disease

This condition also occurs after severe burns or transfusion of blood and in cases of poisoning by chlorate of potash, arseniuretted hydrogen, nitro-benzol, sulphuretted hydrogen, and carbolic, hydrochloric, and sulphuric acids

726. Hæmato-porphyrin

(Dark red urine—rare)

Addison's Disease

Chorea

Enteric Fever

724-726

HÆMATO-PORPHYRIN—*continued*

Exophthalmic Goitre

Hydroa Æstivalis

Meningitis

Measles

Pernicious Anæmia

Pneumonia

Peritonitis

Pericarditis

Rheumatism, Acute

Action of sulphonal (esp.
in women), trional, te-
tranol

(See *Pink Urine*, 697)**727. Clots**

Bladder, Ruptured

Cancer of Kidney
vermicular in shape

Chyluria

white

Menstruation, etc.

Renal Calculus

Trauma

Ulcer of Bladder

Urethra, Ruptured

Villous Growth

728. Indican

Normal in small quantities

Appendicitis

Addison's Disease

Cholera

Cancer of Stomach or
Liver

Hypochlorhydria

Lymphatic Growths

Obstruction in Small
Intestine

Pancreatic Disease

Pernicious Anæmia

Phthisis

Tabes mesenterica

It is also produced in
excess by residence in
the tropics and by
the action of turpentine,
bitter almonds, and nux
vomica, also by a red
meat diet

729. Bile Colouring-matter
(see *Jaundice*, 331)**730. Bile Acids**

Of no special clinical im-
portance. Pettenkofer's
test is now discredited

Jaundice (331)

**731. Fæces passed through
Urethra**

Cancer of Bladder

Cancer of Rectum

Recto-vesical Fistula

**731a. Bouchard's Coeffi-
cient**

The ratio between the total
nitrogen and the nitro-
gen of urea—normally
84 per cent. It is high in
accelerated metabolism
and notably in tubercu-

726-731a

BOUCHARD'S COEFFICIENT*continued*

losis in all stages; low
in diseases with slow
metabolism

732. Ehrlich's Diazo-reaction

For method of testing see
686

Cancerous Cachexia

*Enteric Fever

Influenza

Malaria

Measles

Paratyphoid

Pulmonary Tuberculosis

Pneumonia

Scarlatina

Septicæmia

. Absent in meningitis

733. Urea Increased

Azoturia

Ague (warm stage)

Chorea

Diabetes

Diabetes insipidus

Enteric Fever

Fevers

Leukæmia

Pernicious Anæmia

Paralysis Agitans

Pyrexia (219)

Pneumonia, Acute

Rheumatism, Acute

Scarlatina

. Other causes are excess of food, bathing, exercise, electricity, and the following drugs: ammonium salts, arsenic, antimony, codeia, phosphorus, sulphuric acid, and large doses of quinine

734. Urea Diminished

Addison's Disease

Amyloid

Anæmia

Acute Yellow Atrophy

absent at last

Cirrhosis of Liver

Cancer of Liver (late)

Contracted Kidney

Congestion of Kidney,

Passive

General Paralysis

Lead-poisoning

Melancholia

Nephritis, Acute

Nephritis, Chronic

Osteomalacia

Pyorrhœa Alveolaris

Phthisis

Rickets

Rheumatism, Chronic

Syphilis

Starvation

Uræmia

Also phosphorus-poisoning and small doses of quinine

731a-734

735. Phosphates Increased

The amount of phosphatic sediment is no indication of the quantity of phosphates in the urine

Alkaline Urine
apparently
Animal Diet
Anæmia
Chorea
Diabetes insipidus
Dilated Stomach
Encephalitis
Gastric Catarrh
Leukæmia
Mania, Acute
Neurasthenia
Pyrexia
Pneumonia, III.
Pleurisy
Rheumatism, Acute
Rickets
Tumours of Brain

In general, diseases of bones, brain, or spinal cord

736. Phosphates Diminished

Acute Yellow Atrophy
Ague
during attack
Addison's Disease
Enteric Fever
Nephritis
Phthisis

Rheumatism
Typhus
Vegetable Diet

737. Uric Acid Increased

Fevers
Gout
in convalescent stage
Heart Diseases
Infantile Colic
Leukæmia
Liver Affections
Lung Diseases
Lithæmia
Pneumonia
Pernicious Anæmia
Rheumatism

In general, uric acid is increased either by deficient oxidation (fevers, heart and lung diseases), or by food containing much nucleolin, especially sweetbreads

738. Uric Acid Diminished

Anæmia
Diabetes insipidus
Gouty Paroxysm (?)
Kidney Disease, Advanced
Lead-poisoning
Rickets
Scurvy

According to Fawcett, the quantity is *increased* in the gouty paroxysm

735-738

739. Chlorides Increased

Convalescence from
Pneumonia and
Fevers

Copious Drinks
Diabetes insipidus
Epilepsy
General Paralysis
Malaria
Prurigo
Rötheln

Rapid Absorption of
Dropsical Effusions

740. Chlorides Diminished

Acute Yellow Atrophy
absent at last

Anæmia
Chorea
Cancer of Stomach
Diarrhœa
Dyspepsia
Enteric Fever
Hæmorrhage, After
Inanition
Kidney, Congestion of
Lead-poisoning
Melancholia
Nephritis

*Pneumonia, Acute
Pyrexia (219)
Rickets
Rheumatism, Acute
Scarlatina

741. Sulphates Increased

Cancer of Pylorus
Diabetes
Diabetes Insipidus
Fevers
Myelitis, Acute
Pneumonia
Progressive Muscular
Atrophy

742. Hippuric Acid

Chorea
Diabetes mellitus
Pyrexia (219)
It occurs also after taking
fruit or benzoic acid

743. Lactose

Lactation
Mollities Ossium
Puerperal state

744. Kreatinin Diminished

Anæmia
Convalescence from
Fevers
Marasmus
Progressive Muscular
Atrophy
Pseudo-hypertrophic
Paralysis
Splenic Enlargement
Tuberculosis

Kreatinin is increased by
muscular exercise and
by fevers

739-744

MICROSCOPIC SEDIMENTS



FIG. 6.—URATES

745. Blood-cells

As in hæmaturia (724)

746. Pus-cells (Pyuria)Abscess (Acetabular,
Dermoid, Ovarian,
Psoas, or Salpingitic)
bursting into urinary tract

Cystitis

Cancer of Bladder

Cystic Kidney, III.

Gonorrhœa

Gleet

Leucorrhœa

Pyelitis

Pyonephrosis

intermittent

Prostatic Abscess

745-746

PUS-CELLS—continued

Renal Calculus (s)
 Suppurative Nephritis
 Tuberculosis
 Urethritis
 Ureteritis

747. Cancer-cells

Doubtful

Cancer of Urinary Tract

748. Epithelium

Normal in moderate quantity. There are three varieties in the urinary tract. Squamous: the meatus, the vagina, the bladder, and the pelvis of the kidney. Columnar: the urethra and ureters. Spheroidal or, by pressure, polygonal, tubules of kidney. This last is the important kind

Excessive

Cystitis
 Nephritis, Acute
 Pyelitis
 Renal Calculus
 Scarlatina
 Urethritis

749. Fat-globules

Alcoholism, Chronic
 Diabetes
 Fatty Food
 Fat Embolism
 recent fracture

Leukæmia
 Malingerer
 Nephritis, Chronic
 large pale kidney
 Obesity
 Pancreatic Disease
 Pyonephrosis
 Phosphorus-poisoning
 Suppuration, Prolonged
 Exclude oil from a catheter

750. Torula cerevisiæ

Diabetes
 Glycosuria

751. Hooklets

Hydatids

752. Eggshells and Flask-shaped Bodies

Bilharzia

753. Elastic Fibres

Tubercular Bladder
 Tubercular Kidney

754. Gonococci

Gonorrhœa

755. Bacilli

B. coli communis
 cystitis, etc.
 B. typhosus
 enteric (25 per cent.)
 B. tuberculosis
 tubercle of urinary tract

746-755

BACILLI—continued

Diplococcus of Pneumonia

Streptococci

Staphylococci

756. Pneumaturia

(Air in bladder)

Diabetes

Foul Catheterism

Bacterium lactis aërogenes

Recto-vesical Fistula

fæcal

757. Oxalates

Octahedric or dumb-bell crystals

Atony of Stomach

Bronchitis, Chronic

Diabetes

Gout

Jaundice

Lithæmia

Neurasthenia

Phthisis

Paroxysmal Hæmoglobinuria

Spermatorrhœa

In general, diseases of imperfect oxidation, as heart and lung diseases. Oxalates also appear after eating gooseberries, rhubarb, cabbage, etc.

758. Phosphates (Prismatic Crystals) (see 735)**759. Uric Acid (see 737)**

Urates in very acid urine

760. Amorphous Urates (see Brickdust Sediment, 721)**761. Spermatozoa**

Normal after coïtus

Masturbation

Rectum, Loaded

Spermatorrhœa

762. Cholestearine

Cystitis, Chronic

Dyspepsia

Fatty Kidney

Filariasis

Hydatids of Kidney

Hydronephrosis

Kidney, Cystic

763. Leucine and Tyrosine

In acid urine only

Acute Yellow Atrophy

Cirrhosis of Liver

Enteric Fever, Severe

Pernicious Anæmia

Phosphorus-poisoning

Tuberculosis, Acute

Typhic state (174)

Variola

64. Cystine

Cystic Calculus

Intestinal Putrefaction

755-764

CASTS

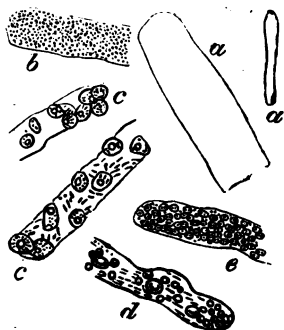


FIG. 7.—CASTS

a, hyaline; *b*, granular; *c*, epithelial; *d*, fatty; *e*, blood

765. Hyaline or Fibrinous

A few are often present normally

Amyloid Kidney

Diphtheria

Diabetes

Displaced Heart

Intermittent Albuminuria

Jaundice

yellowish

Mitral Disease

Nephritis, Acute

both small and large

Nephritis, Chronic

large—numerous

Pancreatitis, Acute

Pregnancy

766. Granular Casts

Cyanotic Kidney (x)

Nephritis, Chronic
late

767. Epithelial Casts

Action of Irritants

Congestion, Passive

Jaundice

Nephritis, Acute

'cloudy swelling'

Weil's Disease

768. Fatty Casts

Fatty Degeneration of
Kidney

or of a portion of it

Nephritis, Chronic

large pale kidney

Q

765-768

769. Blood Casts

Cancer of Kidney

Cystic Disease of Kidney

Congestion of Kidney,
Passive

Embolism of Kidney

Hyperæmia of Kidney

Nephritis, Acute

Renal Calculus

External or internal use of
cantharides or turpentine**770. Amyloid Casts**

Nephritis, Chronic

Not amyloid disease

STOOLS

For purposes of examination the motion should be passed in a dry chamber, without admixture of urine or water, and without the previous administration of an enema.

771. Flattened Fæces

Cancer of Rectum
Hæmorrhoids
Ischio-rectal Abscess
Prostate, Enlarged
Prolapsus Uteri
Rectal Growths
Retroflexion
Spasm of Sphincter
Stricture of Rectum
Uterine Fibroids

772. Pipe-like Fæces

Intussusception
Prolapsus Ani
Spasm of Colon
Scybala
Stricture of Rectum

773. Scybala (Round and hard)

Cancer of Bowel
Dysentery
Dilatation of Stomach

Diabetes

Ingestion of Opium

Retained Fæces

Ulcer of Stomach

774. Pale or Putty-coloured Fæces

Appendicitis

Acholia

Anæmia (325)

Amyloid Liver

Acute Yellow Atrophy, i.

Cancer of Duodenum

Cancer of Liver

Cirrhosis of Liver

Diarrhœa, Irritative

Enteric Fever

like pea-soup

Jaundice (331)

esp. the obstructive variety

Mucous Colitis

Pancreatic Disease

'orange juice'

Retention of Fæces,

Prolonged

771-774

PALE—continued

Rickets

Sprue

white and frothy

Also a milk or vegetable diet

775. Green (Infants)

Cholera, Spasmodic, i.

Diarrhœa, Irritative

Dentition

Enteritis, Acute

Hydrocephalus, Spurious

Calomel produces 'chopped spinach' stools

776. Slate Colour

Iron or bismuth internally

777. Tarry (Melæna)

Hæmorrhage from stomach or upper part of small intestine

Acute Yellow Atrophy

Buhl's Disease

Cancer of Stomach, Duodenum, or Intestine

Cancer of Liver

Cirrhosis of Liver

Dysentery (s)

Enteric Fever

Embolism of Mesenteric Artery

Hæmophilia

Leukæmia

Melæna neonatorum

Mitral Disease

Purpura

Parasites, Intestinal

Pancreatitis, Chronic

Portal Obstruction

Ulcer, Duodenal, Oesophageal, Gastric, or Intestinal

Melæna is simulated by the meat and hot-water treatment

778. Serous Stools

Arsenic-poisoning

Asiatic Cholera, ii.

rice-water stools

Cholera, Sporadic

Cancer of Rectum

scalding

Diarrhœa, ii.

Dysentery

Enteritis, Acute

Mushroom-poisoning

Sunstroke

779. Offensive Stools

Decomposition of intestinal contents or deficiency of bile

Acholia

Cancer of Colon

Cholera Infantum

Dysentery

Erysipelas

Enteric Fever

Enteritis, Acute

Glanders, ii.

774-779

OFFENSIVE—continued

Gastritis, Acute Erythematous
 Jaundice (331)
 Retained Fæces
 Rickets
 Scrofula
 Sulphur
 Syphilitic Ulceration
 Ulcer of Colon
 Undigested Food
 Yellow Atrophy, Acute

780. Pus in Stools

Appendicitis

Abscess

rupturing into bowel—
 ischio-rectal, pelvic, perinephritic, perityphlitic, etc.

Dysentery

Enteritis

Fistula

Proctitis, Acute

Ulcer of Rectum

* * Exclude pus from urethral or vaginal discharges

781. Blood in Stools

Hæmorrhage from large, or lower part of small, intestine

Amyloid Intestine

Arsenic-poisoning

Aneurysm (rupture)

the hæmorrhage may, however, be due to pressure upon the intestinal veins

Amenorrhœa (x)

Acute Yellow Atrophy

Barlow's Disease

Colitis, Ulcerative

Cancer of Rectum or Intestine

Dengue

Diarrhœa, Inflammatory

Dysentery

often with fleshy lumps

Enteric Fever

not necessarily perforation

Embolism of Mesenteric

Hæmophilia

*Hæmorrhoids, Internal Injuries

Intussusception

Intermittent Fever, Severe

Irritant-poisoning

Leukæmia

Purpura

Proctitis

Polypus

Perforation of Bowel

Pernicious Remittent

Phosphorus-poisoning

Portal Obstruction

Relapsing Fever

Scurvy

Ulcer of Bowel

solitary, tubercular, enteric, or syphilitic

Ulcer, Gastric (x)

779-781

BLOOD IN STOOLS—*cont.*

Vascular Growths

Villous Tumour

Winkel's Disease

Yellow Fever

(See 777)

Hæmatoxylin, taken internally, produces red stools. The guaiacum test will discriminate, and will also detect otherwise inappreciable quantities, *e.g.* in suspected gastric ulcer

782. Membranes and Shreds in Stools

Cancer of Intestine
sloughs

Colitis, Membranous
casts

Dysentery

Malignant Relapsing
Fever

Proctitis, Acute

Relapsing Fevers

783. Mucus in Stools

The higher in the intestine
the lesion, the less the
mucus in the stool

Bilharzia of Sigmoid
Flexure

Cancer of Rectum

Colitis

fæces coated with mucus

Dysentery

Duodenal Catarrh

mucus mixed with bile

Diarrhœa, Inflamma-
tory

Enteritis

fæces mixed with mucus

Gastritis, Chronic

Impacted Fæces

Intussusception

Proctitis

Ulcer of Large Bowel

dysenteric, syphilitic, or
tubercular

784. Fat in Stools

Normal in small amount

Dyspepsia in Infants

undigested fatty portion of
milk

Jaundice (331)

Pancreatic Disease

Sprue

785. Undigested Food

Atony of Stomach

Dentition

Diarrhœa lenterica

Excess of, or Improper,
Food in Infants

786. Concretions

Bezoar (Hysteria)

Drugs

soda, chalk, magnesia,
bismuth, salol, etc.

Gallstones

781-786

CONCRETIONS—continued

Pancreatic Calculi

Scybala, Stonelike

- * * There is also a fatty acid stone produced by large doses of olive oil

787. Sand in Stools

Chiefly calcium phosphate.
Significance unknown;
often present in mucomembranous colitis

788. Parasites

Ascaris vermicularis

Ascaris lumbricoides

Bothriocephalus latus

Tænia solium

Tænia mediocanellata

Tricocephalus dispar

789. Microscopic Examination

Bacillus coli communis
normal, but more abundant in suppuration

Bacillus coli dysentericus
dysentery

Comma Bacillus
cholera

Bacillus tuberculosis
tubercle

Amœba dysenteriae
dysentery

Teischmann's Crystals
blood

Charcot-Leyden
Crystals
helminthiasis

Ova of Worms and
Ankylostoma

Eggshells or Eggs of
Bilharzia

Trichina spiralis

Undigested Food

- * * The presence of Bacillus typhosus in the stools can be determined by culture only

VOMITING, ETC.

790. THE VOMIT.—Free Hydrochloric Acid.—Take about half a drachm of the vomit, and add an equal quantity of Günsberg's reagent on a porcelain dish. A red band will appear on evaporation. The reagent is somewhat unstable, and I find it more convenient to soak paper in it. The test paper thus prepared, when heated over a flame, gives the red coloration in the presence of free hydrochloric acid.

791. Lactic Acid (Keeling's Test).—After a Boas meal, add one or two drops of a 5 per cent. solution of perchloride of iron to 5 c.c. of the vomit diluted with 50 c.c. of water. If lactic acid is present, a green coloration, best seen against a white background, will result.

The Boas meal is made by adding a tablespoonful of oatmeal to a quart of water and boiling down to a pint. The stomach is to be thoroughly washed out one hour before, and its contents removed one hour after, the meal.

792. Nausea and Retching

Alcoholism

Acute Yellow Atrophy

Appendicitis

Arsenic-poisoning

Anæmia of Brain

Ague (præm.)

Cirrhosis of Kidney

Catarrh of Bile-ducts

Cholera, Sporadic and Asiatic

Conium-poisoning

Cancer of Liver

Cancer of Pancreas

Cancer of Colon

Congestion of Liver

Concussion of Spine

790-792

NAUSEA AND RETCHING—
continued

Enteritis, Acute
Foreign Body in Throat
Gastritis, Acute and
Chronic
Gastric Irritation
Hernia
Hydrophobia
Hooping Cough
Irritant-poisoning
Lead Colic
Migraine
Menière's Disease
Mediastinal Tumour
Measles (prodr.)
Meningitis simplex
Pregnancy
Ptomainism
Paralysis, Infantile
onset
Pharyngitis, Chronic
Post-pharyngeal
Abscess
Pelvic Cellulitis
Pelvic Peritonitis
Perforation of Stomach
Peritonitis
Quinsy
Relaxed Uvula
Roundworms
Sea-sickness
Shock
Scarlatina (prodr.)

Typhus
Variola (prodr.)

**793. Cerebro-spinal
Vomiting**

Apoplexy
Concussion of Brain
Concussion of Cord
Compression of Brain
Cerebellar Disease
Epilepsy
Hydrocephalus
Hyperæmia of Brain
Hypertrophy of Brain
Infantile Paralysis
onset
Locomotor Ataxy
gastric crisis
Meningitis, Simple
Meningitis, Tubercular
Meningitis, Cerebro-
spinal
Menière's Disease
Sea-sickness
Stokes-Adams Disease
Shock
Spinal Paralysis, Acute
adult form
Tumour of Brain
esp. subtentorial

**794. Irritative and Ob-
structive Vomiting**

Amyloid Liver
Appendicitis

792-794

IRRITATIVE AND OBSTRUCTIVE VOMITING—*cont.*

Alcoholism
 Arsenic-poisoning
 Colic
 Cirrhosis of Stomach
 Cirrhosis of Liver
 Cholera, Asiatic
 Cholera, Sporadic
 Catarrh of Bile-ducts
 Cancer of Stomach
 Cancer of Duodenum
 Cancer of Liver
 independent of meals
 Cancer of Colon
 Cancer of Pancreas
 Cancer of Pylorus
 long after meals
 Dilatation of Stomach
 large quantities at long intervals
 Enteritis, Acute
 Gastritis, Acute and Chronic
 Gastralgia
 Gastric Irritation
 Henoch's Purpura
 Hernia
 esp. strangulated
 Hour-glass Stomach
 Hypertrophy of Pylorus
 Intestinal Obstruction
 early if in small intestine,
 later and faecal if in large intestine
 Irritant-poisoning

Irritant Food
 Intussusception (v)
 faecal if near valve
 Oesophageal Pouch
 Ptomainism
 Roundworm
 Stricture of Oesophagus
 Stricture of Pylorus
 Trichinosis
 Ulcer of Stomach
 soon after food
 Ulcer of Duodenum
 u. 2 hours after food
 Ulcer of Intestine
 Volvulus

795. Reflex Vomiting

Asthenopia
 Astigmatism
 Bronchial Glands, Enlarged
 Cystitis
 Dysmenorrhœa
 Endocarditis, Ulcerative
 Exophthalmic Gout
 Glandular Fever
 Hepatic Colic
 Hepatic Abscess
 Hepatitis, Acute
 Hydronephrosis
 Hysteria
 Hooping Cough
 Intercostal Neuralgia
 Lymphadenoma

794-795

REFLEX VOMITING — *cont.*

Mediastinal Tumour
 Metritis, Acute
 Movable Kidney
 Muscular Asthenopia
 Migraine
 Myocarditis, Acute
 Oöphoritis
 Pregnancy
 u. to third month
 Pneumonia, Lobular
 Pelvic Cellulitis
 Pelvic Peritonitis
 Prostatitis
 Renal Calculus
 Trichinosis

796. Toxæmic Vomiting

Anæmia
 Addison's Disease
 Ague (*præm.*)
 Acute Yellow Atrophy
 Cirrhosis of Kidney
 Conium-poisoning
 Diabetes, *III.*
 Endocarditis, Septic
 Gangrene of Lung
 Gout, Undeveloped
 Influenza
 Mumps (onset)
 Nephritis
 Pernicious Anæmia
 Paroxysmal Hæmo-
 globinuria
 Roseola

Remittent Fever
 Scarlatina (onset)
 Sewer Gas
 Uræmia
 vomit said to contain urea
 Ulcerative Endocarditis
 Variola (onset)
 Weil's Disease
 Yellow Fever
 i. clear; *ii.* black

* * There is some over-
 lapping in the above
 classification

797. Hæmatemesis
(Vomiting of blood)

The blood is usually dark
 and free from froth. It
 often resembles coffee-
 grounds

Amenorrhœa
 Acute Yellow Atrophy
 Arsenic-poisoning
 Abdominal Aneurysm
 Barlow's Disease (*s*)
 Buhl's Disease
 Cirrhosis of Stomach
 Cirrhosis of Liver
 Cancer of Œsophagus,
 Stomach, or Liver
 Cyanotic Liver (*s*)
 Dengue
 Diphtheria (*x*)
 Dilatation of Stomach (*x*)
 Gallstone
 ulcerating into duodenum

795-797

HÆMATEMESIS—cont.

Glass, Swallowed
*e.g. from broken tube of
 a feeding-bottle*

Gastritis, Chronic
 Hæmophilia

Irritant-poisoning
 Intussusception (s)

Leukæmia

Malingering

Mitral Stenosis

Purpura

Pyæmia

Portal Obstruction

Pernicious Anæmia

Phosphorus-poisoning,
 Acute

Pancreatitis

Remittent, Severe

Rupture of Varicose
 Oesophageal Vein

Scurvy

Typhus

Ulcer of Stomach or In-
 testine

Valvular Disease

Variola, Malignant

Weil's Disease

Yellow Fever

* * Exclude swallowed blood
 coming from the nose or
 teeth, and, in infants,
 from cracked nipples

**798. Eructations and Acid
 Risings**

Angina Pectoris (term.)

Atony of Stomach

Dilatation of Stomach

Dysentery

Gastralgia

Gastric Ulcer

Gastric Irritation

Hysteria

Metritis, Acute

Neurasthenia

Oesophageal Pouch

*emptied by pressure above
 left clavicle*

Peritonitis

Trichinosis

799. Rumination

Rare

Epilepsy

Hysteria

Idiocy

Neurasthenia

**800. Pyrosis (Water-
 brash)**

Clear-water vomit

Cancer of Pancreas

Dyspepsia

Gastritis, Chronic

*Sometimes a disease in
 itself*

801. Gastric Motility

To test this, 1 gramme of
 salol in capsules is swal-
 lowed immediately after
 a meal. The urine should
 give a violet coloration
 with perchloride of iron
 within the hour

797-801

CHARACTER OF VOMIT

802. Hyperchlorhydria

Free hydrochloric acid
(790)

Gastric Irritation

*Gastric Ulcer

Gastralgia

803. Hypochlorhydria

Absence of free hydro-
chloric acid

Atrophy of Gastric
Mucous Membrane

Anæmia

*Cancer of Stomach

Dilatation of Stomach

Gastritis, Acute

Gastralgia

Hysteria

Myxœdema

Neurasthenia

Pernicious Anæmia

804. Lactic Acid after Boas Meal (791)

Atrophy of Stomach

Cancer of Stomach

Dilatation of Stomach

Hour-glass Stomach

Blood (see *Hæmatemes-
sis*, 797)

Coffee-ground (see *Hæ-
matemesis*, 797)

805. Bile

Vomiting with stomach
empty

Hepatic Colic
termination

806. Mucus

Chronic Gastritis

Dilatation of Stomach

** Swallowed sputa must be
excluded

807. Pus

Abscess, Rupture of
Gastritis, Phlegmonous
Quinsy

808. Sarcinæ and Torulæ

Cancer of Pylorus

Dilatation of Stomach

809. Bacillus Filiformis

Cancer of Stomach

if abundant in a nearly
empty stomach (Boas)

810. Fæcal Vomiting

Colon, Obstructed

Gastro-colic Fistula

Hernia, Strangulated

Peritonitis, Severe

Volvulus

THE SPUTA

811. The naked-eye appearances are indicated by the groups into which this section is divided. By far the most important microscopical examination is the search for the *Tubercle Bacillus*. The method now most used in this country is Gabbet's modification of the Ziehl-Nielson method. The two solutions used are *Carbol Fuchsin* (consisting of fuchsin 1 part, absolute alcohol 10 parts, and a 5 per cent. watery solution of carbolic acid 100 parts) and *Methyl Blue* (consisting of methyl blue 1 part, and a 25 per cent. solution of sulphuric acid 100 parts). The mode of examination is as follows: Squeeze a little sputum tightly between two cover-glasses. Slide the glasses apart and leave them, sputum upwards, to dry; then take hold of each glass with the forceps and pass it three times slowly through the flame of a spirit lamp so as to coagulate, but not char, the film. Now drop the cover-glass, sputum downwards, into a watch-glass containing fuchsin solution which has been warmed until it steams; after two minutes, rinse the cover-glass in distilled water and transfer to methyl blue solution for one minute, then rinse again in water; if no blue is visible, replace in methyl blue for a moment. When blue, dry the upper surface of the glass and mount in glycerine or, after well drying, in balsam. The tubercle bacilli are stained red; all others, blue.

812. Elastic Tissue.—The presence of elastic tissue

811-812

is generally indicated when flocculi are observed. To see the hooked and curled fibres under the microscope, the sputa should be boiled with caustic soda and the sediment examined with a half-inch objective.

813. Scanty Sputa

Asthma, Spasmodic, i.
 Bronchitis, Acute (onset)
 Cancer of Lung
 Catarrhe sec
 Diphtheritic Laryngitis (onset)
 Hay Fever
 Laryngitis, Chronic
 Pleurisy, Acute or absent
 Pneumonia, Acute (onset)
 Tuberculosis, Acute Miliary

814. Frothy Sputa

*Bronchitis, Acute
 Bronchorrhœa watery and abundant
 Emphysema
 Gangrene of Lung upper layer of sputa
 Edema of Lungs watery
 Pneumonia, Acute Lobular

815. Viscid Sputa

Broncho-pneumonia

Hooping Cough

*Pneumonia, Acute
 Phthisis pneumonic form

816. Mucous (Sputa cruda)

Asthma, Spasmodic termination of a slight attack
 Bronchitis, Acute termination
 Bronchial Glands, Enlarged
 Broncho-pneumonia
 Enteric Fever
 Emphysema
 Hooping Cough
 Infiltrated Cancer of Lungs
 Influenza
 Laryngitis, Acute
 Measles
 Mediastinal Abscess
 Pharyngitis
 Phthisis, i.

817. Muco-purulent (Sputa cocta)

Asthma, Spasmodic end of severe attack

812-817

MUCO-PURULENT—cont.

Bronchitis, Chronic
 Hooping Cough, III.
 Hydatids of Lung
 Measles (defervescence)
 Pneumonia, Acute
 stage of 'resolution'
 Phthisis

818. Purulent Sputa

Bronchial Glands, En-
 larged

Bronchitis, Acute (late)
 Bronchitis, Old Chronic
 Broncho-pneumonia

Bursting of Abscess or
 collection of pus
 into a bronchial
 tube—viz.:

Diaphragmatic, Pul-
 monary, Hepatic,
 or Mediastinal Abs-
 cess; Empyema or
 Pyonephrosis

819. Nummular Sputa

Concrete circular masses
 Bronchorrhœa
 Bronchiectasis
 Cirrhosis of Lung
 Pneumonia (s)
 Phthisical Cavity
 Sinking in water implies
 long retention

820. Rusty Sputa

Distomiasis

***Pneumonia, Acute**

Pyæmia
 Tuberculosis, Acute (s)

821. 'Red Currant Jelly'

Cancer of Lung
 Hysteria (?)

822. 'Boiled Sago'

A nearly globular mass
 resembling a grain of
 the above—often black

Laryngitis, Chronic
 Laryngeal Catarrh

823. Casts

Diphtheria
 Membranous Laryngitis
 Plastic Bronchitis
 Pneumonia, Acute (x)

**824. 'Gooseberry-skins'
(Echinococci)**

Hydatids of, or invading a
 lung

825. Black Specks

Gangrene of Lung
 Inhalation of Coal-dust,
 Fog, or Smoke
 Phthisis (x)

826. 'Prune-juice' Sputa

Cancer of Lung
 Gangrene of Lung
 Œdema of Lung
 Pneumonia, Septic
 Sarcoma of Lung

817-826

827. Dittrich's Plugs

Bronchiectasis (fetid)

** Plugs from the tonsillary crypts must be excluded

828. Bright Greenish-yellow Sputa

Actinomycosis

Hepatic Abscess
or brownish

Icteric Pneumonia

829. Fetid Sputa

Abscess, Subphrenic

Actinomycosis

Bronchiectasis

Cirrhosis of Lung

Empyema, Bursting

Gangrene of Lung
with tinder-like masses

Phthisis

large cavity

Syphilitic Laryngitis

830. Blood-streakedUsually from the violence
of the cough

Abscess of Lung

Aneurysm

Adenoids

Aspergilliosis

Bronchitis, Acute (s)

Bronchitis, Chronic (s)

Bronchitis, Plastic

Cancer of Lung

Emphysema

Hæmoptysis

passing off

Laryngitis

Laryngeal Growth

Malformation of Heart

Malingering

Mediastinal Abscess

Pulmonary Apoplexy
darkPneumonia, Acute
Lobular

Pharyngitis, Chronic

Pharyngitis, Granular

Phthisis, II.

Tonsillitis

Typhus (prodr.)

Ulcer of Larynx

Also from bleeding teeth,
spongy gums, or from
retching**831. Hæmoptysis**Vomiting of bright-red
and often frothy blood

Amenorrhœa (s)

vicarious

Angioma laryngeum

Arterio-sclerosis

Aneurysm

systemic or pulmonary

Actinomycosis

Aortic Regurgitation

Aortic Cusp Rupture (s)

Aspergilliosis

Bronchiectasis

B. { *Tuberculosis* 827-831*In farcta* Digitized by Google

HÆMOPTYSIS—*continued*

Bronchial Glands, En-
larged

Bronchitis, Plastic
separation of casts

Cirrhosis of Lungs

Cancer of Lung

Cancer of Larynx

Congestion of Lungs
mechanical

Distomum pulmonale
chronic recurrent hæmor-
rhage

Emphysema (x)

Empyema
on bursting

Endarteritis, Pulmon.
in gouty persons

Fat Embolism

Fractured Ribs

Gangrene of Lung

Hypertrophy of Heart

Hæmophilia

Hydatids of Lung

Jaundice (x)

Laryngitis, Hæmor-
rhagic

Leukæmia

Mediastinal Tumours

Mitral Stenosis and
Regurgitation

Malformation of Heart

*Phthisis

60 per cent.

Pulmonary Apoplexy

Pleurisy, Old
rupture of adhesions

Purpura

Scurvy

Syphilitic Disease of
Lungs

Typhus (x)

Traumatism

Variola, Hæmorrhagic

Varix of Lingual Tonsil

** Beware of malingerers,
epistaxis posterior, etc.

MICROSCOPIC CHARACTERS**831a. Curschmann Spirals**

Corkscrew-like fibres of
mucus with a central
thread

Asthma

Bronchitis, Capillary

Edema of Lung

Pneumonia (s)

Plastic Bronchitis

**832. Charcot-Leyden
Crystals**

Long pointed vitreous octa-
hedra

Asthma, Spasmodic

Bronchitis, Plastic

Bronchitis, Chronic

Emphysema

831-832

- 833. Elastic Tissue**
 Curling fibres (812)
 Bronchiectasis
 Phthisis, II.
 Pulmonary Abscess
 Pneumonia, Acute (x)
- 834. Eosinophile Cells**
 *Asthma
 numerous
 Bronchitis, Chronic
 a few
 Plastic Bronchitis
- 835. Brown Pigment in large cells**
 Brown Induration of Lung
 Mitral Stenosis
- 836. Distomum pulmonale, or its Ova**
 Distomiasis
- 837. Pneumococci (926)**
 Capillary Bronchitis
 Empyema
 *Pneumonia, Acute
 A few are normally present in the saliva
- 838. Friedländer's Bacillus**
 Pneumonia, Acute
 in 5 per cent. of the cases
- 839. Pfeiffer's Bacillus (943)**
 Slender, with rounded ends
 Influenza
- 840. Klebs-Loeffler Bacillus (942)**
 Diphtheria
- 841. Bacillus Tuberculosis**
 Phthisis (811, 936)
 Tuberculosis, Acute
 Miliary (x)
- 842. Bacillus Typhosus (939)**
 Enteric Fever (s)
- 843. Amœba coli**
 Hepatic Abscess, bursting into Lung
- 844. Actinomyces**
 Radiating clubs 10 to 60 μ
 \times 10 μ
 Actinomycosis
- 845. Aspergillus Fumigatus**
 A small-spored fungus
 Aspergillosis Pulmonum
- 846. Spirochetæ**
 Gangrenous Stomatitis
- 847. Staphylococcus pyogenes (922)**
 Abscess

**848. Oidium albicans or
Leptothrix**

Pharyngomycosis
Thrush

849. Pollen

often adventitious

Hay Asthma

850. Fat Crystals

Gangrene

Phthisical Cavity

Pulmonary Abscess

851. Hooklets

Hydatids of Lung

Hydatids of Kidney or
of Liver bursting into
Lung

COUGH

852. In the act of coughing, a deep inspiration is followed by closure of the glottis, which is suddenly forced open by a strong expiration. When the tubes are filled with secretion, or are otherwise encroached upon, it may be impossible to take in sufficient air to produce an effective cough. But many patients seem to think that they can cough without the preliminary inspiration; the consequence is that they wear themselves out with short and useless coughs. If the cough is due to the presence of sputa or a foreign body, it is beneficial; but if due to irritation consequent upon ulceration or dryness, it is harmful and should be repressed as much as possible.

853. Dry or Hacking

Adenoids
 Acid Fumes
 Acute Bronchitis, I.
 Aspergillosis
 Bronchial Catarrh, I.
 Catarrhe sec
 Enteritis, Chronic
 Foreign Body
 Gastritis, Chronic
 Hepatoptosis
 ceases on lying down
 Hay Asthma
 Hysteria

Hypertrophy of Heart
 Hepatitis, Acute
 Influenza, I.
 Laryngitis, Chronic
 Naso - pharyngeal
 Catarrh
 Pleurisy, Acute
 Pneumonia, Acute, I.
 Relaxed Uvula

854. Hoarse or Barking

Aneurysm of Aorta
 brassy
 Bronchitis, Acute, I. (s)

852-854

HOARSE OR BARKING—
continued

‘Barking Cough of Puberty’

Diphtheritic Laryngitis, i.

Hysteria

Hydrophobia

Hooping Cough, i.

Irritation of Stomach

Laryngitis, Acute

Laryngitis, Spasmodic

Laryngitis, Membranous

Laryngitis, Tubercular

Laryngitis, Syphilitic

Mediastinal Tumour

Masturbation (s)

Measles

Edema Laryngis, i.

Polypus of Larynx

Pharyngitis, Granular

Perichondritis Laryngea

Pneumothorax metallic

Typhus

855. Paroxysmal

Bronchitis, Plastic

Bronchorrhœa

Bronchiectasis

Bronchial Glands, Enlarged

Cirrhosis of Lung
Caries of Dorsal Spine, i.

Foreign Body

Gallstones (s)

Hysteria

Hooping Cough

Influenza

Laryngitis, Chronic

Laryngeal Vertigo

Mediastinal Tumour

Mediastinitis

Polypus of Larynx

Phthisical Cavity

Tonsils, Hypertrophied

Uvula, Relaxed

Ulcer of Epiglottis

856. Unclassified

Broncho-pneumonia

Congestion of Lungs

Collapse of Lungs
continual and powerless

Cancer of Lungs

Diphtheritic Paralysis
on eating

Emphysema

Enteric Fever

Empyema
chiefly on movement

Hydatids of Lung

Hydatids of Liver (s)

Hyperæmia of Lungs

Leukæmia

Lesion of Medulla

854-856

UNCLASSIFIED—*continued*Lingual Tonsil, En-
larged

Measles

Mediastinal Tumour

Malformation of Heart

Nervousness

Œdema of Lungs

with retching

Perihepatitis

on palpation of liver

Post-pharyngeal

Abscess

Polypus or Foreign

Body in Ear

Phthisis

Pharyngitis, Acute

Polypus of Nose,

Fibrous

Pregnancy

Pressure on Pneumo-
gastric, Recurrent, or
Sympathetic NervePressure on Diaphragm
by tumours, enlarged liver,
etc.

Rhinitis

Septum, Spur of

Trickling of Saliva

or of nasal mucus into
trachea

Tuberculosis, Acute

Tubercular Laryngitis

on eating

Typhus

Woillez's Disease

857. Inability to Cough

Ascites, Advanced

Coma

Diaphragmatic Pleurisy

Fractured Ribs

Narcotic-poisoning

Prostration

Paralysis of Respiratory
Muscles

Paralysis of Adductors

ODOUR OF BREATH**858. Sweet Breath**

*Diabetes

Menstruation (s)

Pyæmia

Septicæmia

**859. Bitter-Almond
Breath**Hydrocyanic - acid -
poisoning**860. Foul Breath**

Alcoholism

Actinomycosis

Bromism

Bronchiectasis

Bronchorrhœa

Cancrum Oris

Caries of Jaw, Nose, or
Teeth**856-860**

FOUL BREATH—continued

Cancer of Mouth or
Gullet
Dilated Stomach
Diphtheria
Fæcal Accumulation
Follicular Tonsillitis
Gastritis, Acute and
Chronic
Gangrenous Sore-
Throat
*Gangrene of Lung
intense
Glossitis
Mercurialism
Measles

Necrosis of Jaw or
Nose
Opium-poisoning
Ozæna
Pyopneumothorax with
Fistula
Pyorrhœa Alveolaris
Phosphorus-poisoning
Salivation
Scarlatina
Stomatitis
Scurvy
Typhus
Teeth, Foul
Uræmia
Vincent's Angina
Variola

BREATHING

861. The normal rate of respiration is 16 to 20 in the adult, 44 in the new-born, and 26 in a child of five years. The best way to count the respirations is to place the hand on the abdomen, as few people breathe naturally if they know their breathing is being watched.

862. Slow

Asthma, Spasmodic (s)
Ague (hot stage)
Coma (46)
Collapse (173)
Poisoning by Aconite,
Antimony, Chloral,
Chloroform, Opium

Shock

Tumour of Brain

863. Stertorous

Asphyxia
Adenoids
Acute Yellow Atrophy
Coma (46)

860—863

STERTOROUS—continued

Concussion of Brain
 Epilepsy, III.
 Fractured Skull
 Hypertrophied Tonsils
 Narcotic-poisoning
 Œdema of Lungs
 Paralysis of Soft Palate
 Post-pharyngeal
 Abscess
 'hen-cluck stertor'
 Quinsy
 Uræmia
 hissing

864. Stridulous

Aneurysm of Aorta
 Bronchus, Obstruction
 of
 Bronchial Glands, En-
 larged
 Diphtheritic Laryngitis
 Dryness of Vocal Cords
 Foreign Body
 Hydrophobia
 Laryngismus stridulus
 'child-crowing'
 Laryngeal Spasm
 Laryngeal Tumour
 Locomotor Ataxy
 laryngeal crisis
 Mediastinal Growth
 Œdema of Larynx
 Paralysis of Recurrent
 Laryngeal Nerve

Strychnine-poisoning

Tetanus
 Tracheal Stenosis
 'leopard's growl'

865. Sighing

Addison's Disease
 Anæmia of Brain
 Collapse (173)
 Dilatation of Heart
 Distension of Stomach
 Emotion
 Fatty Degeneration of
 Heart
 Lesion of Medulla
 Meningitis, Simple
 Meningitis, Tubercular
 Meningitis, Cerebro-
 spinal
 Shock
 Spurious Hydro-
 cephalus
 Syncope

866. Shallow

Angina Pectoris
 Collapse (173)
 Coma Vigil (45)
 Collapse of Lungs
 Capillary Bronchitis
 Fractured Ribs
 Intercostal Neuralgia
 Intercostal Paralysis
 Lead-poisoning

863-866

SHALLOW—*continued*

Paralysis of Diaphragm
Pleurisy, Diaphragmatic

Pneumonia, Acute
Pneumonia, Lobular
Peritonitis, Acute
Rheumatism of Intercostals
Syncope
Trance

867. Jerking Breathing

Asthma, Spasmodic
inspiratory
Chorea
Hysteria
inspiratory
Hydrophobia
inspiratory
Hemiplegia
Intercostal Neuralgia
expiratory
Laryngismus
inspiratory
Myasthenia Gravis
Neurasthenia
Pleurisy, Acute (onset)
expiratory
Ribs, Fractured
expiratory
Rheumatism of Intercostals
expiratory

868. Irregular

In 'Biot's breathing' the intervals are of varying length

Apoplexy
Collapse (173)
Chorea
Collapse of Lungs
pause after inspiration
Hydrocephalus, Spurious
Lesion of Medulla
Meningitis, Simple
Meningitis, Tubercular
Perforation of Stomach
Perforation of Bowel
Rupture of Abd. Viscus
Shock
Tumours of Brain

869. Cheyne-Stokes Breathing

Ominous; associated with high-tension pulse

Aortic Aneurysm
Apoplexy (term.)
Cholera
Caisson Disease
Diabetes
Diphtheria
Embolism
Fatty Degeneration of Heart
General Paralysis
Hæmorrhage

866-869

CHEYNE-STOKES BREATHING—continued

Hydrocephalus
Influenza
Int. Spinal Meningitis
Meningitis, Tubercular
Meningitis, Simple
Nephritis, Chronic
Narcotic-poisoning
Pneumonia
Septicæmia
Softening of Brain
Tumour of Brain
Typhic state (174)
Uræmia
Variola
Valvular Disease

870. Thoracic Breathing, Marked

Ascites
Abdominal Tumours
Diaphragmatic Pleurisy
Emphysema
Meteorism
Pregnancy
Peritonitis
Paralysis of Diaphragm
Pericardial Effusion,
Large

Perforation of Stomach
or Intestine
Rupture of Abd. Viscus

871. Abdominal Breathing, Marked

Pleurisy, Double
Spinal Paralysis
cervical lesion
Strychnine-poisoning
Tetanus

872. Suffocative Breathing

Angeioneurotic Œdema
laryngeal
Diphtheritic Laryngitis
Displacement of
Trachea
Displacement of Heart
Fatty Degeneration of
Heart
Foreign Body in Air-
passages
Hydrophobia
Laryngeal Growths
Œdema Laryngis
Strychnine-poisoning
Syphilitic Laryngitis
on eating
Tetanus
Tuberculous Laryngitis
on eating

DYSPNŒA

Dyspnœa may be divided into hæmic and aërial—^{or alkali}
 hæmic, when insufficient hæmoglobin reaches the air-cells of the lung, as in anæmia; aërial, when insufficient air or oxygen reaches the blood in the air-cells, as in lung diseases. In either case the difficulty is surmounted more or less by increased rapidity of respirations. There is also a reflex dyspnœa (tachypnœa), to which, I think, attention has not been directed. It occurs chiefly in infants, and especially in connection with teething: the rapid breathing (60 to 80 per minute) may easily mislead, but it is quite independent of lungs or blood.

873. Dyspnœa on Exertion

Adenoids
 Addison's Disease
 Aortic Regurgitation
 Anæmia
 Bradycardia
 Chlorosis
 Cirrhosis of Liver
 Cardiac Asthma
 Dilatation of Stomach
 Exophthalmic Goitre
 Fatty Degeneration of Heart
 especially on ascents
 Goitre
 Hypertrophy of Heart
 Influenza
 Laryngitis, Chronic
 Lymphadenoma

Leukæmia
 Malformation of Heart
 Myasthenia Gravis
 Obesity
 Pernicious Anæmia
 Pyrexia
 Rickets
 Scurvy

874. Dyspnœa, General

Aortitis, Acute
 Aortic Aneurysm
 Aneurysm of Heart
 Angina Ludovici
 Ascites (late)
 Asthma, Spasmodic
 expiratory
 Asthma, Cardiac
 Ac. Ascending Paralysis

873-874
Acidosis. (Any Cause)
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DYSPNŒA, GENERAL—
continued

Ague (cold stage)
 Bronchitis, Acute
 Broncho-pneumonia
 Bronchorrhœa
 Bronchus, Plugged or
 Compressed
 Beri-beri
 Cirrhosis of Lung
 Congestion of Lungs,
 Hypostatic
 Cancer of Larynx
 Cancer of Lung
 Collapse of Lungs
 Crico-arytenoid
 Arthritis
 Crico-arytenoid Anky-
 losis
 Conium-poisoning
 Diabetic Coma
 'air hunger'—deep, not
 rapid, breathing
 Dilatation of Heart
 Displacement of Heart
 Diaphragmatic Pleurisy
 Diaphragmatic Hernia
 Diaphragmatic Para-
 lysis
 Diaphragm, Tonic
 Spasm of
 Dissecting Aneurysm
 Endocarditis, Acute
 Emphysema
 expiratory

Empyema
 Exophthalmic Goitre
 Enteric Fever
 Fat Embolism
 Fæcal Accumulation
 if heart is displaced
 Foreign Body in Air-
 tubes
 Growths, Laryngeal
 Gangrene of Lung
 Glanders
 Glossitis, Acute
 Hepatic Abscess
 upper surface
 Hepatitis, Acute
 Hydatids of Lung
 Hydatids of Liver
 if large
 Hyperpyrexial Sun-
 stroke
 Heart, Gouty
 Hydrothorax
 Hysteria
 Intercostal Rheumatism
 Intercostal Neuralgia
 Laryngeal Tuberculosis
 Laryngitis, Tertiary
 Syphilitic
 Laryngitis, Acute
 Locomotor Ataxy
 inspiratory
 Laryngitis, Diphtherial
 inspiratory
 Laryngeal Polypus
 Laryngismus

DYSPNŒA, GENERAL—
continued

Mitral Stenosis
 Myelitis, Cervical
 Mediastinal Abscess
 Mediastinal Tumour
 Meningitis, Spinal
 cervical portion
 Meningitis, Cerebro-
 spinal
 Measles
 Œdema of Lungs
 Paralysis of Posterior
 Crico-arytenoid
 inspiratory
 Pneumoperitonæum
 Post-pharyngeal
 Abscess
 Pleurisy, Acute
 Pericarditis
 Pericardium, Adherent
 Peritonitis
 Pulmonary Apoplexy
 sudden
 Pneumonia, Acute
 Quinsy
 Relapsing Fever
 Stenosis of Trachea
 Stenosis of Larynx
 Syringomyelia (insp.)
 Spasm of Larynx (insp.)
 Syphilitic Heart
 Thymic Asthma
 Tuberculosis, Acute

Thrombosis of Pulmo-
 nary Artery
 Uræmia

875. Paroxysmal Dyspnœa

Aortic Aneurysm
 Asthma, Spasmodic
 Angina Pectoris (s)
 Bronchial Glands, En-
 larged
 Broncho-pneumonia
 Cardiac Asthma
 Compression of Trachea
 Cirrhosis of Kidney
 Embolism of Pulmo-
 nary Artery
 Foreign Body in Air-
 passages
 Hydrophobia
 Lymphadenoma
 Laryngeal Polypus
 Laryngitis, Acute
 Laryngitis, Membra-
 nous
 Laryngitis, Diphtheritic
 Laryngismus Stridulus
 Locomotor Ataxy
 crisis
 Malformation of Heart
 Mediastinal Tumour
 Myasthenia Gravis
 Œdema of Lungs
 Œdema Laryngis
 Plastic Bronchitis

874-875

PAROXYSMAL DYSPNŒA—
continued

Strychnine-poisoning
Trichinosis
Thyroid, Enlarged

Thymus, Enlarged
Tetanus
Tetany
Uvula, Great Elonga-
tion of

VOICE**876. Aphonia (loss of
voice)**

Aortic Aneurysm
Acute Ascending Para-
lysis
Bronchial Glands, En-
larged
Coryza
Contracted Cicatrices on
Vocal Cords
Cholera
Diphtheritic Laryngitis
Exhaustion
Exophthalmic Goitre
Excessive Vocal Exer-
tion
Foreign Body
Growths, Laryngeal
Hysteria
Insanity
Larynx, Tumour of
Lead Palsy
Lupus of Throat
Laryngitis, Chronic (s)
Mediastinal Tumour
or cracked
Œdema Laryngis

Post-pharyngeal
Abscess
Pericardial Effusion,
Large
Paralysis of Adductors,
Bilateral
or weak
Rheumatoid Arthritis(s)
Syphilis
Trichinosis
Violent Emotion

877. Weak Voice

Bulbar Paralysis
Cholera
Prostration
Paralysis of Recurrent
Laryngeal
monotonous, if both ;
cracked on exertion, if
only one
Paralysis of Adductors,
Bilateral
Tracheotomy
or other open wound of
trachea
Tubercular Laryngitis

875 877

878. Hoarse Voice

Alcoholism
 Acromegaly
 Aortic Aneurysm
 Bronchitis, Acute, i.
 Chorditis tuberosa
 Cancer of Larynx
 Congestion of Larynx
 Crico-arytenoid Arthri-
 tis
 Crico-arytenoid Anky-
 losis
 Cholera
 Diphtheritic Laryngitis
 Exophthalmic Goitre
 Enlarged Bronchial
 Glands
 Follicular Pharyngitis
 Granular Pharyngitis
 Growths, Laryngeal
 Laryngitis, Acute
 Laryngitis, Chronic
 Laryngitis, Syphilitic
 Laryngitis, Tubercular
 Laryngitis, Membra-
 nous
 Measles
 Myxœdema
 leathery
 Pachydermia Laryngis
 Perichondritis Laryngea
 Post-pharyngeal
 Abscess
 Paralysis of Superior
 Laryngeal Nerve

Syphilis

Tumour of Larynx

879. Nasal Voice

Adenoids
 Bulbar Paralysis
 Cleft Palate
 Coryza
 Diphtheritic Paralysis
 Hay Asthma
 Hypertrophied Tonsils
 Myasthenia Gravis
 Pharyngitis, Acute
 Polypus, Nasal
 Paralysis of Soft Palate
 Post-pharyngeal
 Abscess
 Perforate Palate
 Quinsy
 Septum, Excentric
 Typhus (prodr.)
 Variola (prodr.)
 (See 415)

880. High-pitched Voice

Cleft Palate
 Hereditary Cerebellar
 Ataxy
 guttural or cracked
 High Palatine Arch
 Palate, Perforate
 Paralysis of both Ab-
 ductors

878-880

**881. Shrieks and Cri
Hydrencéphalique**

Anæmia of Brain
Epilepsy (onset)
Hydrocephalus
Hydrocephalus, Spuri-
ous
Hysterical Convulsions
Night Terrors
Nightmare
Pain
*Tubercular Meningitis

882. Cry of Infants

Colic
furious, with knees drawn
up
Collapse of Lung
whining
Dyspnœa, Acute
absent
Diphtheria, II.
aphonic
Earache
continuous
Hereditary Syphilis
hoarse, high-pitched

SPEECH

(See also *Paralysis of Articulation*, 1000)

883. Mutism

Aphasia, Complete
Motor
except a few sounds
Bulbar Paralysis, III.
Complete Deafness
if supervening before the
sixth year
Glossitis, Acute
Hysteria
Idiocy
Malingering
Melancholia
Softening of Brain

Thrombosis or Embo-
lism of Middle Cere-
bral Artery

884. Speech Indistinct

Alcoholism
Bromism
Facial Paralysis
labials
Friedreich's Disease
Glossitis
Hysteria (s)
Mumps
Mouth, Dryness of
Myasthenia Gravis
Quinsy

SPEECH INDISTINCT—
continued

Spinal Meningitis,
 Chronic (s)

Toothlessness

Typhic state

885. Speech Interrupted

Acute Dyspnoea (874)

Aphasia (1001)

Chorea

Disseminated Sclerosis

Friedreich's Disease

jerky

Hereditary Cerebellar
 Ataxy

Paralysis Agitans

Stammering

**886. Employment of the
 Wrong Word**

Paraphasia

(See *Aphasia*, 1001)

**887. Inability to utter
 the Right Word**

Aphemia

THE BLOOD

888. The blood needed for purposes of examination should be obtained from the ear-lobe of a fasting or nearly fasting patient. A small drop should be taken up on the centre of a cover-glass; this is then laid upon a slide, pressed well down, and the specimen examined with a $\frac{1}{2}$ -inch oil immersion objective. In the absence of a hæmacytometer, an approximate estimate of the number of leucocytes in each cubic mm. may be obtained by the following formula: *Multiply by 1600 the number of leucocytes visible in the field of a microscope that magnifies 500 diameters.* An average must be struck from the examination of several fields. The various forms of leucocytes are found in the following proportions: eosinophiles, 2 to 4 per cent.; mast cells, 3 to 5 per cent.; large lymphocytes, 5 to 8 per cent.; small lymphocytes, 20 to 30 per cent.; polynuclear neutrophile leucocytes, 60 to 70 per cent.

889. Oligocythæmia

Diminution in the number of the red cells. The normal proportion is five millions to the cubic cm.; a little less in women

Anæmia

Banti's Disease

Chloroma

Carcinoma

Hæmochromatosis

Hæmorrhage

Leukæmia

Lymphadenoma

Pernicious Anæmia

sometimes reduced to
400,000 or less

Phthisis

Rheumatism

890. Polycythæmia

Red cells increased in number

Cholera

Cyanosis

Diarrhœa

Diabetes

Dysentery

Also in persons living at high altitudes (?)

891. Macrocytes, Megalocytes, and Microcytes

These are simply non-nucleated red cells of unusual size

Anæmia

Chlorosis (x)

Pernicious Anæmia

892. Megaloblasts, Microblasts, Normoblasts

Nucleated red cells of various sizes. Normoblasts are present in the blood of new-born infants

Anæmia (x)

Chlorosis

Cancerous Cachexia

Jaksch's Anæmia

Leukæmia

Pernicious Anæmia

893. Poikilocytosis

The red cells altered in shape: orenated, pear-shaped, kidney-shaped, etc.

Anæmia, Profound

Banti's Disease

Chlorosis

Lead-poisoning

Leukæmia

Pernicious Anæmia

894. Cell-Colour Ratio ('Valeur Globulaire')

The percentage of red cells (taking five millions as the normal) forms the numerator, and the percentage of hæmoglobin the denominator. The ordinary anæmias show an *improper* fraction, but pernicious anæmia yields a *proper* fraction

895. Leucocytosis

Increase in the number of leucocytes (especially of the polynuclear). Normally, 7,500 to c.mm.

Abscess

Appendicitis

a count gradually increasing up to 35,000 means an abscess

Amyloid Disease

Carcinoma (s)

Cancrum Oris

Cerebro-spinal Meningitis

890-895

LEUCOCYTOSIS—continued

Cachexia
 Chlorosis, II.
 Diphtheria
 Erysipelas
 Endocarditis, Septic
 General Paralysis
 Glanders
 Glandular Enlargement
 Hæmorrhage
 Hypertrophic Cirrhosis
 Influenza
 Inflammation
 Jaksch's Anæmia
 Leukæmia
 sometimes one white to
 four red
 Lead-poisoning
 Meningitis, Purulent
 Pleurisy
 Plague
 Peritonitis
 Phthisical Cavity
 Pyæmia
 Pneumonia
 Rheumatism, Acute
 Scarletina
 Septicæmia
 Tuberculosis
 Variola

There is a normal increase
 after exercise, cold baths,
 and digestion, as well as
 during pregnancy

896. Leukopenia

Diminution in the number
of leucocytes

Banti's Disease
 Chlorosis (s)
 Enteric Fever
 Influenza
 Malaria
 Measles
 Pernicious Anæmia ($\frac{1}{2}$)
 Tuberculosis, I.

897. Lymphocytosis

Increase in the number of
 the small mononucle-
 ated leucocytes (lymph-
 cells)

Banti's Disease
 Chlorosis
 Chloroma
 Enteric Fever
 Exophthalmic Goitre
 Gastric Catarrh
 Goitre
 Hæmophilia
 Hooping Cough
 Infancy, Healthy
 Jaksch's Anæmia
 Leukæmia, Lymphatic
 Malaria
 Measles
 Pernicious Anæmia
 Rickets
 Scarletina
 Swellings, Glandular
 Syphilis, Hereditary

895-897

898. Mast Cells

Leucocytes which take the dahlia- but not the Ehrlich-stain. A few are found normally. Significance uncertain

Leukæmia, Medullary

899. Hæmoconiosis

Blood-dust of Müller. Significance uncertain

900. Eosinophilia

The granules are stained pink by eosin

Asthma

Anæmia (s)

Ankylostomiasis

Bone Diseases

Bilharzia

Banti's Disease

Eczema

Emphysema

Filariasis

Fevers, Convalescence after

Hysteria

Helminthiasis

Lithæmia

Leukæmia, Medullary

Neurasthenia

Phthisical Cavities

Pneumonia

after crisis

Pemphigus

Rheumatism, Acute

Skin Affections

Trichinosis

901. Myelocytes

Found normally in bone marrow

Anæmia

Chlorosis

Leukæmia, Medullary

Malaria

Pernicious Anæmia

Scurvy

902. Hæmoglobin Increased

Talqvist's papers are convenient for the estimation of hæmoglobin

Pulmonary Stenosis

903. Hæmoglobin Diminished

Normally 100 c.c. of blood contain 18.5 grams of hæmoglobin

Anæmia (all forms)

Banti's Disease

Chlorosis

Enteric Fever

Pernicious Anæmia

but not so much so as the oligocythæmia would seem to imply

904. Free Hæmoglobin (Lake blood)

Hyperpyrexia

Malaria

Phosphorus-poisoning

Sunstroke

898-904

905. Pigment (Melanæmia)

Addison's Disease
Intermittent Fever
Intermittent, Pernicious
Intermittent Hæmoglobinuria
Melanotic Tumour
Relapsing Fever

In malaria it is in the form of 'plasmodia' contained within the red corpuscles (917)

906. Hydræmia (Excess of Water)

The normal sp. g. of blood is 1059

Anæmia
Anasarca
Hæmorrhage
Pregnancy
Pernicious Anæmia
Sp. g. 1035

907. Hyperinosis

Chlorosis
Erysipelas
Influenza, I.
Infectious Diseases
Pneumonia
Phthisis
Rheumatism
Suppuration
Scurvy
Serous Inflammations

908. Hypinosis

Emphysema
Hæmophilia
Hæmorrhage
Hæmoglobinuria
Inflammation of Mucous Surfaces
Pernicious Anæmia

909. Glycogenic Reaction

The cover-glass is placed film upwards under a close-fitting bell glass, together with a few crystals of iodine, for a few minutes, and then mounted in lævulose syrup. The glycogen holding parts are stained mahogany brown

Broncho-pneumonia
Diabetes
Empyema
Pneumonia, Acute
Suppuration

Most diseases with well-marked leucocytosis show the reaction. It is absent in dry or serous pleurisy and in uncomplicated tuberculosis

910. Alkalinity Increased

Appendicitis
Amyloid Liver
Gallstones

905-910

ALKALINITY INCREASED— *continued*

Influenza
Jaundice, Catarrhal
Pneumonia
Phthisis
Rubeola
Rheumatic Fever
The alkalinity rises during digestion

911. Alkalinity Diminished

Anæmia, Secondary
Cancerous Cachexia
Cholera
Diabetes, II.
Epilepsy
Enteric Fever
Gastric Ulcer
Leukæmia, Splenic
Mania, Acute
Paralysis, General
Tuberculosis

In general whenever the system is much lowered

912. Fat

'Strawberry-cream blood'

Diabetes

913. Acetone

*Diabetic Coma
Ulcer of Stomach

914. Choline

Beri-beri

Disseminated Sclerosis
General Paralysis
Neuritis, Alcoholic
Nerve Division

914a. Widal or Gruber-Widal Reaction

One part of serum, obtained most conveniently from a blister, is added to from 10 to 20 parts of a 24-hour bouillon-culture of the typhoid bacillus. The bacilli quickly lose their mobility and clump together in 95 per cent. of typhoid cases, if examined after the fifth day

Endocarditis (x)

*Enteric Fever

Malta Fever

Paratyphoid Fever
high dilution only

Plague

Tuberculosis

Absent in psittacosis. The same reaction takes place with *B. coli* communis

914b. Aniline Reaction

A 1 in 1000 solution of methylene blue, alkalised with caustic potash, and warmed, gives a yellowish-green tint with the blood of

Diabetes

911-914b

ORGANISMS

915. *Filaria sanguinis hominis*

The larval form of *F. Bancroftii*

Chyluria

Filarial Abscess

abdomen, limbs, scrotum, thorax

Hæmaturia

obstruction of blood-vessels

Filaria Nocturna

Elephantiasis

obstruction of lymphatic vessels

916. *Filaria medinensis*

Furunculosis

917. *Hæmacytozoa*

Plasmodium Malariae

Carried by *Anopheles claviger*

Ague, Tertian

Hæmamoeba vivax

Ague, Quartan

Hæmamoeba malariae

Herpes Zoster

plasmodium in 40 per cent. of cases in U.S.A.

Malaria, Malignant

Hæmominas præcox

918. *Spirillum Obermeyer*

Relapsing Fever

919. Protozoön, Pear-shaped

Intermittent Hæmoglobinuria

920. *Trypanosoma Gambiense*

Sleeping Sickness

Carried by *Glossina palpalis* and other species

921. *Trypanosoma Brucei*

Nagana

Carried by *Glossina morsitans*

BACTERIA

MICROCOCCI (spherical bacteria)

1 micromillimetre (μ) = $\frac{1}{1000000}$ of a metre or $\frac{1}{25000}$ of an inch.

922. *Staphylococcus pyogenes*

Var. *aureus*, *albus*, *citreus*; size 0.9 μ , cocci arranged in clusters

Abscess

Acne

Boil

Carbuncle

Empyema

Endocarditis

915-922

**STAPHYLOCOCCUS PYO-
GENES—continued**

Glandular Suppuration
Osteomyelitis
Otitis media
Pemphigus neonatorum
Pyæmia
Rheumatic Fever
Sloughs
Local Inflammation in
general

**923. Streptococcus pyo-
genes**

Size $1.0\ \mu$, cocci arranged
in wavy chains

Cholera, Spasmodic
Diphtheria
Erysipelas
Membranous Pharyn-
gitis
Pneumonia
Puerperal Fever
Septicæmia
Scarlatina
Severe Inflammatory
Processes in general

**924. Streptococcus Scar-
latinæ**

Scarlatina

The blood also contains
abundant free micro-
cocci

**925. Streptococcus Epi-
dermidis Albus (Mo-
rococcus of Unna)**

Eczema

**926. Pneumococci (Diplo-
coccus of Fraenkel)**

Small oval cocci $1\ \mu \times 0.75\ \mu$,
often arranged in pairs.
Capsule well marked

Arthritis
Abscess
Broncho-pneumonia
Cellulitis
Empyema
Endocarditis
Hepatic Abscess
Keratitis
Meningitis
Otitis Media
Peritonitis
Pericarditis
Pleurisy

*Pneumonia, Acute

Salpingitis

A few are found in healthy
saliva

**927. Diplococcus Rheu-
maticus**

Acute Rheumatism

Other organisms have been
described

Endocarditis, Malignant
Rheumatoid Arthritis

922-927

928. *Diplococcus intracellularis meningitidis* (Weichselbaum)

Cerebro-spinal Meningitis

929. *Gonococcus* (Neisser)

Like two beans with adjacent hila. Usually contained within a leucocyte

Gonorrhœa

Gonorrhœal — Cystitis
— Endometritis — Endocarditis — Ophthalmia, or — Salpingitis

930. *Micrococcus tetragenus*

Cocci in clusters of four. Phthisical cavity

931. *Micrococcus melitensis*

Size 0.5×0.5 —flagellate, found in spleen

Malta Fever

932. *Sarcina ventriculi*

Cocci in bundles of four or multiples of four

Dilatation of Stomach

BACILLI

Rod-shaped bacteria.

933. *Bacillus anthracis*

Thick plump rods, encapsuled and granular

Anthrax

934. *Bacillus of Ducrey*

Size 1.5×0.5 minute oval rods

Soft Sore

935. *Bacillus of Lustgarten* (? *B. smegmatis*)

Syphilis (doubtful)

936. *Bacillus tuberculosis* (811)

Rods 3.0×0.3 , acid-resisting. Straight or slightly curved

Erythema Induratum

Lupus Vulgaris

Tuberculosis

Tuberculosis Verrucosa

Cutis

937. *Bacillus of Hansen*

Resembles *B. tuberculosis*, but is shorter and stains without warming

Leprosy

928-937

938. Bacillus of Friedländer

Short capsulated rod with rounded ends

Acute Pneumonia

939. Bacillus typhosus

Size 2 to 4 × 0.5

Rounded extremities, long wavy flagella; found in the spleen, ulcers, etc., but in stools by culture only. It does not ferment glucose

Enteric Fever

940. Bacillus mallei

Like *B. tuberculosis*, but thicker and stains easily

Glanders

941. Bacillus tetani

Size 4.0 × 0.4. Drumstick with slightly motile flagella

Tetanus

942. Bacillus of Klebs-Loeffler

3.0 × 0.6. Straight or slightly curved, sometimes clubbed; non-motile; beaded after staining; may be found in healthy throats

Atrophic Rhinitis

Diphtheria

942a. Bacillus of Hoffmann

Short, motile, wedge-shape, arranged in pairs with base to base; not beaded after staining. Found sometimes in healthy throats

Diphtheria

943. Bacillus of Pfeiffer

Size 1.5 × 0.3. Straight with rounded ends

Influenza

944. Bacillus, Comma

Size 2 × 0.5. Sometimes S-shape by conjugation

Cholera

945. Bacillus Acnes

Acne

Alopecia Areata

Seborrhoea

946. Bacillus Hodaræ

1 to 6 μ × 3 μ

Trichorrhæxis Nodosa

947. Bacillus Coli Communis

Resembles *B. typhosus*, but has shorter flagella. It ferments glucose. Occurs normally, but especially in—

Abdominal Abscess

938-947

B. COLI—continued

Cystitis
Diarrhœa, Infantile
Peritonitis
Pyelitis

**948. Bacillus Lactis
Aërogenes**

Normal in the stools of
infants

Emphysema of Skin (s)
Gangrene of Lung
Pneumothorax (s)
Pneumaturia
from catheter

949. Bacillus Fusiformis

6–12 μ long; flagellate
Vincent's Angina

950. Bacillus Frambœsiæ

Rod-shaped μ 3 \times μ 5, in
couplets and triplets

Yaws

Also a coccus (Nicholls)

**951. Bacillus Paratypho-
sus**

It ferments glucose
Paratyphoid Fever

**952. Unnamed (F.
Buzzard)**

Landry's Paralysis

953. Bacillus Filiformis
(Boas) (see 809)**954. Bacillus (unnamed)**
Bell's Mania**955. Bacillus Pestis**
Plague**956. Bacillus Icteroides**
Yellow Fever (doubtful)**957. B. Coli Dysentericus
and Amœbæ**
Dysentery

OTHER ORGANISMS**957a. Leishmania Dono-
vani**

Kala Azar
Splenomegaly, Tropical

**958. Streptothrix
Maduræ**

Madura Foot, etc.

**959. Oidium Albicans vel
Lactis**
Thrush**960. Leptothrix Buccalis**
Caries of Teeth

947–960

- | | |
|--|--|
| <p>961. Spirochæta Buccalis
Stomatitis, Severe</p> <p>962. Spirochæta Denticola
Vincent's Angina</p> <p>963. Cytoryctes Variolæ
Small-pox (?)</p> | <p>964. Actinomyces Fungus
Actinomycosis (844)</p> <p>965. Myxococcidium
Stegomyia
Carried by <i>Stegomyia</i>
<i>fasciata</i>
Yellow Fever (956)</p> |
|--|--|

DECUBITUS

968. Orthopnoea

Inability to breathe except
in the upright position

Severe Dyspnoea
(See 874)

969. Right Side

Cirrhosis of Right Lung
Collapse of Right Lung
Right Pleural Effusion
Right Pneumothorax (v)
Left Acute Pleurisy, l.
Sciatica, Left

970. Left Side

Cirrhosis of Left Lung
Collapse of Left Lung
Left Pneumothorax
Left Pleural Effusion
Pericardial Effusion, l.
Right Acute Pleurisy, l.
Sciatica, Right

971. Coiled up on Side

Affections of Brain and
its Membranes
Hepatic Colic

Renal Colic

Tumour of Middle Cere-
bellar Peduncle

**972. Back with Knee
Flexed**

Appendicitis
right knee only

Hip Disease
one knee

*Peritonitis
both knees

Pelvic Cellulitis
one knee

Pericarditis

Perihepatitis

**973. On Knees with Head
Downwards**

Aneurysm of Heart
Mediastinal Disease

974. Stocker's Sign

The patient resists any
attempt to pull down
the bed clothes

Tubercular Meningitis

In typhoid no notice is
taken of the attempt

968-974

GAIT

975. Limping

Appendicitis, i.
 Corns, etc.
 Gout
 Hip Disease
 Injuries to Limb
 Inflammatory Affec-
 tions of Limb
 Intermittent Lameness,
 Charcot's
 seen in abdominal aneu-
 rysm
 Metatarsal Neuralgia
 Rheumatism
 Sacro-iliac Disease
 opposite shoulder raised
 Sciatica
 Shortening of one Limb
 (610)
 Sprains
 Unilateral Paralysis

976. Tottering

Atrophy of Brain, Senile
 Bromism
 Cerebellar Disease
 Hydrocephalus
 Idiopathic Muscular
 Atrophy
 Korsakoff's Disease
 Meningitis
 Mollities Ossium
 Paralysis Agitans

977 Reeling

With short steps and feet
 wide apart
 Alcoholism
 Ataxic Paraplegia
 worse with eyes shut
 Apoplexy (præm.)
 Cerebellar Disease,
 Tumour, etc.
 Compression of Brain, i.
 Friedreich's Disease
 worse with eyes shut
 General Paralysis of
 Insane
 Hereditary Cerebellar
 Ataxy
 not worse with eyes shut;
 Romberg very rare
 Labyrinthine Disease

978. Head Back and Feet Apart

Ascites
 Abdominal Tumours
 Cretinism
 Obesity
 Pregnancy
 Pseudo-hypertrophic
 Paralysis

979. Waddling

Achondroplasia
 Coxa vara, Double

975-979

WADDLING—continued

Dislocation of both
Hips, Congenital
with head back

Pseudo-hypertrophic
Paralysis
on tip-toe

980. Foot Dragged

Hemiplegia
one foot only

Multiple Neuritis
'foot drop'

Spastic Paralysis
the legs tremble when the
ground is touched

Spasmodic Spinal Para-
lysis
a jerky forward movement
of the feet

Syphilitic Spinal Para-
lysis

Tooth's Paralysis

* * * When both feet are affected,
the gait is 'high stepping'

981. Unclassified Gait

Chorea
slow, even, shuffling

Friedreich's Disease
reeling with feet apart;
the foot raised too high
and brought down with
a stamp

Locomotor Ataxy

movements jerky and ex-
cessive, the foot brought
down with a stamp

Mercurialism

running

Paralysis Agitans

running with head very
forward

Spastic Paraplegia

patient walks upon his
toes with feet turned in,
knees bent, and body
stooping

Saltatory Spasm

jumping

Thomsen's Disease

on attempting to walk,
the leg first moved be-
comes stiff and remains
so for some seconds,
then the other leg be-
haves in the same way

(See *Vertigo*, 169)

Scissor Legs (see 613)**982. Romberg's Symptom
(Static Ataxia)**

Inability to stand with the
eyes shut and the feet
close together

Ataxic Paraplegia**Cretinism****Friedreich's Disease****General Paralysis (s)*****Locomotor Ataxy****Syringomyelia**

979-982

T

983. Astasia Abasia

The legs move freely and
with good power in bed,
but collapse when the
patient tries to stand or
walk

Disseminated Sclerosis

Exophthalmic Goitre(x)
Functional Paralysis
Locomotor Ataxy
Peripheral Neuritis
Spastic Paraplegia

984. ATAXIA, OR MAL-COORDINATION

To test ataxia, the patient with the eyes shut should be told to touch his nose. The arms are unaffected in cerebellar ataxia. Muscular anæsthesia involves some ataxia.

Atrophy of Brain
Ataxic Paraplegia
Alcoholism
Chorea
Disseminated Sclerosis
jerky—bilateral
Friedreich's Disease
first legs, then arms
Hereditary Cerebellar
Ataxia
Locomotor Ataxy
first legs, then arms

Multiple Neuritis (s)
Myelitis, Chronic
partial
Occupation Neurosis
Progressive Muscular
Atrophy
Tumour of Brain
lesion of cerebellum, pons,
or (s) corpora quadri-
gemina

HANDWRITING**985. Altered**

Alcoholism
shaky

***Aphasia (1001)**

first degree tremulous
with omission of letters ;
second degree lost, with
exception of a name or
a few words (agraphia)

Chronic Softening

Disseminated Sclerosis
vibratile

Diphtheritic Paralysis
and other paralyzes when
affecting hand

*General Paralysis of
Insane
upstrokes shaky, letters not
joined

983-985

ALTERED—continued**Senile Atrophy****Writer's Cramp, and
other technic paralyses of hand**

The handwriting is also
affected by disablement
of the hand from gout,
rheumatoid arthritis,
surgical affections, etc.

**986. Inability to Write the
Word desired****Agraphia****987. Mirror-Writing**

The left hand is used for
this test. It is present
in 25 per cent. of healthy
persons over 15

Aphasia (1001)
especially in the left-
handed

Hemiplegia**Hysterical Aphasia (s)****Imbecility (s)****Infantile Cerebral****Hæmorrhage****Locomotor Ataxy**

PARALYSIS

988. Weakness in Legs

Abdominal Tumours
 Barlow's Disease
 or unwillingness 'to move
 them
 Diabetes
 Idiopathic Muscular
 Atrophy
 Influenza
 Korsakoff's Disease
 Landouzy's Paralysis

Lipomatosis neurotica
 Locomotor Ataxy
 Myasthenia Gravis
 Polymyositis
 Pseudo-hypertrophic
 Paralysis
 Retroversion
 Spastic Paraplegia, i.
 Syphilitic Spinal Para-
 lysis
 Syringomyelia
 (See *Paraplegia*, 1007)

989. LOCAL PARALYSIS**First Nerve**

(See *Anosmia*, 208)

Second Nerve

(See 402)

990. Third Nerve

Accommodation, Para-
 lysis of
 Diplopia, Crossed
 Diphtheria (ciliaris)
 Hæmorrhage, Cerebral

Interpeduncular or Crus
 Lesion

Meningitis

Rheumatism

Strabismus, External

Syphilis

Tumour, Cerebral (see
 Strabismus, 381)

991. Fourth Nerve

Affection of C. quadri-
 gemina

988-991

4TH NERVE PARALYSIS — *continued*

Diplopia

the false object appears to be below and to the outer side of the true one. It is only apparent when the patient looks down

992. Fifth Nerve

Tumours in, or compressing, the pons or the nerve-trunk

The jaw, when protruded with the mouth open, leans to the affected side. The power of mastication is impaired

993. Sixth Nerve

Lesion in subtentorium—pons or medulla

Aneurysm, Intracranial

Diplopia

the false object is external to the true one

Hæmorrhage, Cerebral

Internal Squint

Meningitis

Syphilis

Tumour

Seventh Nerve (Portio Dura) (see *Hearing*, 191)

994. FACIAL PARALYSIS

To detect facial paralysis, the patient should be directed to close the eyes and whistle. It is never present in functional hemiplegia.

Central

Lesion in pons or below nucleus

Apoplexy

Cerebro-spinal Meningitis

Disseminated Sclerosis (x)

Hysteria

Infantile Hemiplegia

Locomotor Ataxy

Landouzy's Paralysis

Meningitis

Softening

Syphilis

Tetanus (s)

Tumour

In Canal

Caries, Temporal

Hæmorrhage

Otitis Media

Otitis Interna

Rheumatism

Syphilis

Superficial

Acute Ascending Paralysis

991-994

FACIAL PARALYSIS—cont.

Diphtheria
 Injury
 Landouzy's Paralysis
 Neuritis
 Parotitis
 Tumours

995. Paralysis of Circumflex Nerve

Inability to raise the arm
 to a right angle

Blows on Shoulder
 Erb's Paralysis
 Innominate Aneurysm
 Infantile Paralysis
 Technic Paralysis

996. Wrist-Drop

Leprosy
 Lead-poisoning
 Multiple Neuritis
 Paralysis of Musculo-
 spiral

997. Foot-Drop

Anterior Crural Para-
 lysis
 Landry's Paralysis
 Multiple Neuritis
 Myelitis, Acute
 Peronæal Nerve, Para-
 lysis of

998. DIFFERENTIAL**Bulbar Paralysis**

Speech, swallow, legs
 (spastic)

Acute Ascending Paralysis

Successively—legs, loins,
 abdomen, thorax, arms,
 diaphragm, neck, swal-
 low

Acute Myelitis (cervical)

Both arms

Syringomyelia (Paresis)

One hand, triceps, shoulder

Amyotrophic Lateral Sclerosis

Spastic paralysis of shoul-
 der, arm, and hand

Friedreich's Disease

Ataxia and weakness first
 in legs, but extending
 five or six years later to
 arms

Infantile Paralysis

U. one leg first

Landouzy's Paralysis

Face, shoulder, and upper
 arm

Pseudo-hypertrophic Paralysis

Legs—muscles large

Progressive Muscular Atrophy

Hand first, then shoulder
 and trunk—not spastic

994-998

Disseminated Sclerosis

Order : one leg, the other
leg ; one arm, the other
arm

**999. Paralysis affecting
Deglutition**

Aneurysm of Base
Basilar Meningitis
Bulbar Paralysis
Diphtheritic Paralysis
Disseminated Sclerosis
Landry's Paralysis
Lesion of Medulla
Neuritis
Progressive Muscular
Atrophy
Paralysis of Hypo-
glossal
Tumour of Base

**1000. Paralysis affecting
Articulation**

Due to a lesion of pons,
medulla, or posterior
fossa ; a bilateral lesion
of anterior third of in-
ternal capsule ; or a lesion
of a portion of the third
left frontal convolution
(see 883)

Ataxic Paraplegia
Amyotrophic Lateral
Sclerosis
Bulbar Paralysis
first linguals, then labials

Cerebral Diplegia
Disseminated Sclerosis
slow and measured
Diphtheritic Paralysis
Facial Paralysis
o, oo, u, and the labials
Friedreich's Disease
deliberate
General Paralysis of
Insane
slow, slurred, interrupted
Idiopathic Muscular
Atrophy
Landry's Paralysis
Myasthenia Gravis
Myelitis
Paralysis of Hypo-
glossal
Progressive Muscular
Atrophy
Pseudo-bulbar Para-
lysis
Paralysis Agitans
high - pitched, hesitating
and laboured

1001. Aphasia

Abscess of Brain
Embolism
Epilepsy (x)
Fracture of Skull
Gumma
Hysteria
Hæmorrhage, Cerebral

998-1001

APHASIA—continued

Migraine

Neurasthenia

Thrombosis

Tumour of Brain

Aphemia is an inability to
utter the right word.

Paraphemia is the em-
ployment of the wrong
word

Lead-palsy

Multiple Neuritis

Morvan's Disease

Progressive Muscular
Atrophy

Syringomyelia

Technic Paralysis

e.g. writer's cramp

Tooth's Paralysis, II.

**1002. Paralysis affecting
Hand**

Acute Ascending Para-
lysis

Amyotrophic Lateral
Sclerosis

Axillary Aneurysm

Brachial Plexus
pressure upon

Cervical Myelitis

Disseminated Sclerosis

Diphtheritic Paralysis

Hemiplegia

Infantile Paralysis

Infantile Hemiplegia

Klumpke's Paralysis

**1003. Paralysis affecting
Soft Palate**

Bulbar Paralysis

Basal Meningitis

Caries

Diphtheria

Facial Paralysis (?)

Tumours

Laryngeal Paralysis (see
507)

**1004. Paralysis of Sphinc-
ters**

(See *Micturition*, 671;
Defæcation, 58)

1005. CROSSED PARALYSIS**Hemiplegia with Oppo-
site Facial**

Lesion of lower part of
pons. Sometimes the
sixth nerve is involved

**One Arm and Opposite
Leg**

Infantile Paralysis

1001-1005

Hemiplegia and Opposite Third Nerve

Lesion of Crus

Hemiplegia with Opposite Hypoglossal

Lesions involving spinal fibres of hypoglossal and one half of upper part of cord

Caries of Upper Cervical Vertebrae

Meningitis

Syphilis
Tumours**Hemiplegia with Opposite Fifth**

Lesion of Pons below Decussation

Hemiplegia with Motor Aphasia

Lesion of third left frontal convolution

1006. HEMIPLEGIA

Paralysis of one side. The lesion is usually in the knee and anterior two-thirds of the posterior limb of the internal capsule, rarely in the cortex.

Abscess of Brain

incomplete at first

Atrophy of one Lobe

Compression of Brain

Cerebral Hæmorrhage

Cerebro-spinal Meningitis (x)

Caisson Disease

Disseminated Sclerosis (s)

Embolism of Cerebral Artery

esp. middle cerebral

General Paralysis

Hæmatoma of Dura Mater

Hysteria

Internal Nodes

Infantile Hemiplegia

Lesion of Crus, Pons, Internal Capsule, or Cortex

Meningitis simplex (x)

Pachymeningitis (s)

Raynaud's Disease

Softening of Brain

Syphilis

esp. in young adults.

Thrombosis

Tumour of Brain gradual

Unilateral Lesion of Upper Cervical Cord (x)

1005-1006

HEMIPLEGIA—*continued*

Uræmia

transient

If the hemiplegia affects the arm only, or the arm and face, the lesion is beneath the motor part of the cortex

1007. Paraplegia

Acute Ascending Paralysis, I.

Aneurysm of Abdominal or Descending Aorta

Apoplexy, Spinal

Ataxic Paraplegia gradual and spastic

Beri-beri

Caisson Disease

Cerebro-spinal Meningitis

Chronic Atrophic Spinal Paralysis

Compression of Cord, Slow

Caries of Spine

Dislocation of Spine

Diphtheritic Paralysis subsequently affecting arms

Friedreich's Disease, II.

Fracture of Spine

Hydrocephalus (s)

Hysteria

Hyperæmia, Spinal incomplete

Infantile Paralysis

Korsakoff's Disease

Multiple Neuritis

Myelitis, Acute or Chronic

Meningitis, Internal Spinal

Purulent Spinal Pachymeningitis

Primary Spastic Paraplegia incomplete

Reflex Paraplegia (x) worms, etc.

Spina bifida (s)

Spinal Meningeal Hæmorrhage

usually incomplete

Tumours in Spinal Canal

1008. Diplegia, or Bilateral Paralysis

Lesion of upper cervical portion of spinal cord. Bilateral cerebral lesions. Lesion of medulla or of centre of pons

Acute Ascending Paralysis, Late

Basilar Meningitis (x)

Disseminated Sclerosis, III.

Diphtheria

Encephalitis

1006-1008

DIPLEGIA—continued

General Paralysis of
Insane

Hydrocephalus, Chronic
Hæmorrhage, Cerebral

Infantile Diplegia

Multiple Neuritis

Occupation Neurosis (s)
bimanual occupations

Periodic Paralysis

Pseudo-bulbar Para-
lysis

Spinal Apoplexy

Spinal Tumours

Tumours, Brain

1009. Crural Monoplegia

Anterior Poliomyelitis

Cerebral Abscess

Locomotor Ataxy

Myelitis, Unilateral

Neuritis

Pelvic Tumour (s)

Sciatica

Sclerosis, Dissemi-
nated, i.

Tumours, Cerebral

Tumour of Cord

1010. Lasègue's Symptom

The patient can make no
movement without look-
ing to see what he is
doing

Hysteria

1011. Amyosthenia

A sudden temporary loss
of power in arm or leg

Hysteria

Occupation Neurosis

1012. Heterocinesia

The patient does the re-
verse of what he is told
to do

Hysteria

1013. Syncinesia

If the patient is told to
lift one arm, he lifts
both

Hysteria

1014. Allocinesia

If the patient is told to
lift one arm, he lifts the
other

Hysteria

**1015. Paralysis of a
Single Nerve**

Neuritis (v)

REFLEXES

The reflex arc comprises the afferent nerve, the anterior horn of the cord, the efferent nerve, and the muscle. When the function of any of these is lost, the chain is broken and the attempt to elicit the reflex will fail.

1016. CUTANEOUS REFLEXES

Scapular, Epigastric, Abdominal, Cremasteric, Gluteal, and Plantar. The last is the most marked. (See fig. 8.)

Diminished or Lost

Asphyxia
Apoplexy, Severe
Apoplexy, Spinal
Anæsthesia, Peripheral
Acute Ascending
Paralysis
Chorea
Coma
Catalepsy, Severe
Cholera, II.
Disseminated Sclerosis
abdomen
Friedreich's Disease
Hemiplegia
Hysteria
plantar only
Infantile Paralysis
Locomotor Ataxy, II.

Myelitis
Narcotic-poisoning
Peripheral Paralysis
Poliomyelitis, Anterior
Progressive Muscular
Atrophy
Spastic Paraplegia (s)
Spinal Hyperæmia
Spinal Paralysis, Acute
Spinal Paralysis,
Chronic Atrophic
Tumours of Cord

Increased

Amyotrophic Lateral
Sclerosis
Angular Curvature
Ataxic Paraplegia
Infantile Hemiplegia
Leptomeningitis, Spinal

1016

INCREASED—continued

Locomotor Ataxy, I. (s)
 Meningitis, Internal
 Spinal
 Myelitis
 Primary Spastic Paraplegia
 Pachymeningitis
 Spastic Cerebral Paraplegia
 Strychnine-poisoning
 Tetany
 Tetanus

1016a. Babinski's Toe-Reflex

Extension, instead of flexion, of the great toe on titillation of the sole. This is the normal condition in the new-born, and may be frequently elicited in healthy subjects during sleep and under chloroform

Present in—

Acute Alcoholism (x)
 Apoplexy
 early
 Disseminated Sclerosis
 Friedreich's Disease
 Hydrocephalus (x)

***Lesions of Pyramidal Tract**

Locomotor Ataxy
 Meningitis (x)
 Spasmodic Paraplegia
 Spinal Paralysis in General
 Uræmia (x)

Absent in—

Hysteria
 Infantile Paralysis

1016b. Hypogastric Reflex of Bechterew

When the skin of the internal surface of the thigh is stroked, contractions of the lower abdominal muscles follow. The reflex is said to correspond to the lower dorsal portion of the cord

1016c. Oppenheim's Reflex

The inner side of the leg is either pinched or deeply stroked from above downwards—or both. If followed by dorsal flexion of the foot and toes, there is a

Lesion of Pyramidal Tract

TENDON OR DEEP REFLEXES

Knee-Jerk.—The patient should cross his legs somewhat loosely and grasp something. The examiner

1016-1016c

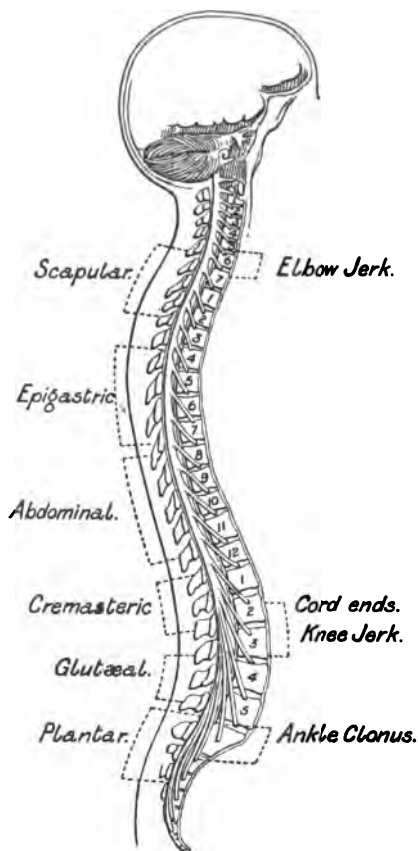


FIG. 8.—LOCALISATION OF REFLEXES

LOCALISATION OF CORD LESIONS

REFLEXES WITH THE SPINAL NERVES INVOLVED

Name	Irritated area	Result	Nerves
Plantar reflex	Sole of foot . . .	Flexion of toes . . . Jerking up foot and leg . . .	} 1st to 3rd sacral 4th and 5th lumbar 1st and 2nd lumbar 8th to 12th dorsal 6th cervical to 2nd dorsal
Gluteal . . .	Skin of buttock . . .	Contraction of glutei . . .	
Cremasteric . . .	Inner side of thigh . . .	Retraction of testicles . . .	
Abdominal . . .	Side of abdomen . . .	Contraction of rectus . . .	
Scapular . . .	Interscapular region . . .	Contraction of posterior fold of axilla . . .	
Epigastric . . .	Skin of lower part of side of thorax . . .	Contraction of rectus . . .	4th to 7th dorsal
TENDON REFLEXES			
Knee-jerk . . .	Ligamentum patellæ . . .	Sudden extension of leg . . .	2nd and 3rd lumbar
Ankle-clonus . . .	Ball of foot . . .	Rhythmic contractions of calf . . .	1st and 2nd sacral
Elbow-jerk . . .	Triceps tendon, with forearm semi-flexed . . .	Rhythmic contractions . . .	5th to 7th cervical

then strikes the ligamentum patellæ with the edge of his hand. A sudden jerk of the foot should follow.

1017. Knee-Jerk Lost

(Westphal's Sign)

Acute Ascending Paralysis

Anterior Crural Paralysis

Apoplexy
transient

Adiposis dolorosa

Beri-beri

Cerebro-spinal Meningitis

Coma

Chorea (s)

Diabetic Sclerosis

Diphtheritic Paralysis

Dislocation of Spine

Epilepsy
transient

Fracture of Spine

Friedreich's Disease

General Paralysis of
Insane

Hæmatomyelia, i.

Infantile Paralysis
if quadriceps extensor is
affected

Idiopathic Muscular
Atrophy

*Locomotor Ataxy

Leprosy

Leptomeningitis,
Spinal, ii.

Multiple Neuritis

if anterior crural nerve is
involved

Myelitis, Descending

Myelitis, Transverse

Pernicious Anæmia (s)

Progressive Muscular
Atrophy

if quadriceps is involved

Periodic Paralysis

Poliomyelitis, Anterior

Pneumonia, Acute
in children—early

Pseudo-hypertrophic
Paralysis (very late)

Syringomyelia (late)

Sciatica (s)

Shock
transient

Spinal Meningitis

Spinal Hæmorrhage

Tooth's Paralysis

Tubercular Menin-
gitis, iii.

Transverse Softening of
Cord

Tumour of Middle
Lobe of Cerebellum

1018. Knee-Jerk

Exaggerated

Exaggeration of the knee-
jerk implies either that

1017-1018

KNEE-JERK EXAGGERATED*—continued*

the inhibiting cerebral fibres are impaired or that the irritability of the spinal centre is increased. The reflex arc remains intact

Amyotrophic Lateral Sclerosis

Ataxic Paraplegia

Apoplexy

Cancer of Stomach

Compression of Cord, Slow

Disseminated Sclerosis

Embolism of Brain

General Paralysis (s)

Hereditary Cerebellar Ataxy

Hysteria

Hydrophobia

Hemiplegia

Infantile Hemiplegia

Leptomeningitis, Spinal, i.

Myelitis, Chronic

Morvan's Disease

Neurasthenia

Rheumatoid Arthritis

Spasmodic Spinal Paralysis

Syphilitic Spinal Paralysis

Syringomyelia

Spinal Meningitis, Chr., i.

Strychnine-poisoning

Tetanus

Tetany (v)

Tumour of Brain

Tumour of Cord

Ulcer of Stomach

1019. Chorea Knee Phenomenon

The leg remains fully extended for a second or two, the foot and toes jerking

1020. Paradoxical Contraction

Tonic contraction of anterior tibials upon the physician suddenly flexing the foot on the leg

Excessive Spasticity of Legs

1021. Jaw-Jerk

The jaw should be open when the chin is tapped, and the two sides should be tested separately. It is not constant in health; pseudo-bulbar paralysis may give a clonus

1022. Biernacki's Sign

The well-known 'funny-bone' sensation is absent

Dementia

General Paralysis

Idiocy

Locomotor Ataxy

1018-1022

1022a. Elbow-Jerk (see
fig. 8)

1023. Wrist-Jerk

The hand should be pronated and flexed while the dorsum of the wrist is tapped. It is often absent in health

1024. Tendo-Achillis-Jerk

As knee-jerk, but earlier. In locomotor ataxy and peripheral neuritis, this reflex may be found when that of the knee is absent. The patient's leg must be extended and the foot flexed so as to stretch the tendon

1025. Ankle-Clonus

With the patient's knee slightly bent, sudden, firm, and continued pressure is made upwards upon the ball of the foot. The result is a series of clonic contractions at the ankle joint so long as the pressure is maintained. (Contractions 6 to 9 per second.) In general, ankle-clonus is present where the knee-jerk is exaggerated (1018). It is most marked in disseminated sclerosis

1026. Kernig's Sign

With the patient sitting on the edge of the bed

there is great difficulty in forced extension of the knee-joint. The arms have been known to give a similar sign

Cerebellar Hæmorrhage

Enteric Fever

in children 50 per cent.

Meningitis, Cerebro-Spinal

Meningitis, Spinal

Thrombosis of Lat. Sinus

1027. Babinski's Fan Sign

The patient, lying on his back with the arms folded, is made alternately to flex and extend the trunk on the thigh. If the toes gradually separate from each other, there is a

Lesion of the Pyramidal Tract

1028. Babinski's Hip Phenomenon

The patient lying supine upon the bed, with the legs uncovered, is directed to sit up suddenly. In health, both thighs and legs would be slightly flexed. If the paralysed thigh moves the most, it indicates Organic Disease; if the sound thigh alone moves, Functional Disease

Eye-Reflexes (see 384-394)

1022a-1028

SPASM AND RIGIDITY**CLONIC SPASMS****1029. Tremor and Sub-
sultus**

Fibrillary tremor implies
exhausted muscles
Alcoholism, Chronic
Apoplexy
Abscess of Brain
Ataxic Paraplegia
face
Aura epileptica
Anæmia of Brain
Absinthism (x)
upper extremities only
Bell's Mania
Chorea
Compression of Brain
Congestion of Brain
Disseminated Sclerosis
Delirium Tremens
Emotions
Enteric Fever
third week
Epilepsy, II.
Encephalitis
Exophthalmic Goitre
Fatigue
General Paralysis
lips and tongue
Hyperpyrexia
Hydrocephalus, Spuri-
ous
Hysteria
Intestinal Irritation

Idiopathic Muscular
Atrophy
except peroneal form
Jaundice
Korsakoff's Disease
Metallic-poisoning
Morphinomania
Myelitis
Meningitis
Neuritis, I.
local
Neurasthenia
Neuroma
Occupation Neurosis(25)
Petit Mal
Progressive Muscular
Atrophy
Paralysis Agitans
'cigarette-rolling' move-
ment of fingers; head
unaffected during sleep
Prostration (172)
Rheumatism, Acute
Rheumatoid Arthritis
Roundworms
Senility
Sleeping Sickness, II.
Syringomyelia
Spinal Meningitis, Int.
Spinal Concussion
Spinal Apoplexy, I.
Spasmodic Spinal Para-
lysis
Spinal Paralysis,
Chronic Atrophic

TREMOR AND SUBSULTUS—
continued

Strychnine
 idiosyncrasy or overdose
 Tic Convulsif
 Tooth's Paralysis (s)
 Tobacco in Excess
 Tumour of Brain
 esp. of cerebellum, pons,
 and c. quadrigemina
 Tumour of Cord
 Typhic state (174)
 Uræmia

1030. Intention Tremor

Tremor on voluntary movement. Test this by asking the patient to raise a glass to his lips

Alcoholism, Chronic
 Cerebellar Tumour
 Disseminated Sclerosis
 Exophthalmic Goitre
 Hysteria
 Hereditary Cerebellar Ataxy
 Infantile Hemiplegia
 Mercurialism
 upper limbs first
 Occupation Neurosis (x)
 Plumbism
 Tumour of opposite
 opt. thal. and c. quad.
 Tremor occurs in health
 after unaccustomed exercise
 and after abuse of
 tea or tobacco

1031. Jactitation and Jerking

Cerebral Diplegia
 Chorea, Major and Minor
 Chorea, Dubini's
 like electric contractions
 Chorea, Post-hemiplegic
 Chorea, Huntington's
 the movements can be
 arrested by a strong
 effort of the will
 Concussion of Spine
 Cerebro-spinal Meningitis
 Compression of Cord,
 Slow
 Habit Spasm
 Hysteria
 Hæmorrhage, Extensive
 Hereditary Cerebellar Ataxy
 Infantile Hemiplegia
 Locomotor Ataxy
 Morvan's Disease
 Myoclonus Multiplex
 Occupation Neurosis
 Pericarditis, Severe
 Sequela of Fractured Limb
 Syringomyelia
 Strychnine
 Tetanus
 Tic Convulsif
 Typhic state

1029-1031

1032. Salaam Convulsions

Dentition
 Epilepsy
 Menière's Disease
 Rickets
 Spasmus nutans
 (See *Oscillation*, 319)

1033. Convulsions

Absinthism
 Anæmia of Brain
 Abscess of Brain
 Asphyxia (term.)
 Aortic Stenosis
 Acute Yellow Atrophy
 Addison's Disease
 Apoplexy (cortical)
 Ague
 cold stage in children
 Compression of Brain
 Cerebro-spinal Meningitis
 Cirrhosis of Kidney
 Coal-gas-poisoning (s)
 Cysticerci of Brain
 *Dentition
 Disseminated Sclerosis (late)
 *Epilepsy
 Exostosis of Skull
 Ergotism, Spasmodic
 Exanthemata
 onset; in children this represents the rigor of adults

Enteritis, Acute
 in children
 Encephalitis
 Frights
 General Paralysis of Insane
 Hydronephrosis
 Hydrocephalus, Spurious
 Hydrocephalus, Chronic
 Hyperpyrexia
 Hæmatoma of Dura Mater
 Hydrophobia
 tetanoid
 Hæmorrhage
 Hyperæmia of Brain
 Hypertrophy of Brain
 Indigestion
 Intussusception
 Irritating Scar
 Infantile Paralysis
 onset
 Infantile Hemiplegia
 onset
 Jacksonian Epilepsy
 muscular area limited,
 consciousness usually retained
 Jaundice (x)
 Lead-poisoning
 Myelitis, Acute
 Meningitis

1032-1033

CONVULSIONS—*continued*

Nephritis, Acute, III.

Pregnancy

Puerperal state

Pneumonia, Acute
in children

Pachymeningitis

Poisoning by—

arsenic (term.), brucia,
hydrocyanic acid, pi-
crotoxine, strychnine,
tobacco, and narcotico-
irritants in general

Roundworms and

Tapeworms

Spinal Meningeal

Hæmorrhage

Spina bifida

when about to burst

Softening of Brain

Syphilitic Nodes

Starvation

Stokes-Adams Disease

Sunstroke

Tetanus

Tumour of Brain

esp. when near cortex

Thrombosis of Brain

Thickening of Skull

Uræmia

In the 'status epilepticus'
the seizures follow each
other in rapid succes-
sion for perhaps ten or
twelve hours1034. **Athetosis**Sometimes described as
diseaseLesion of lenticular gan-
glion or near optic
thalamus. It consists
of slow successive spas-
modic movements in all
directions, chiefly of the
fingers, but often involv-
ing the wrist, elbow, and
toes, rarely the face

Cerebral Diplegia

Cerebral Thrombosis

Disseminated Sclerosis

Embolism of Brain

Hæmorrhage, Cerebral
(x)

Hysteria

Hemiplegia

Infantile Hemiplegia

Injuries of Brain

Locomotor Ataxy

Tumour of Brain

1035. **Hiccough (Singultus)**

Appendicitis

Addison's Disease

Alcoholism

Cancer of Stomach

Cholera

Collapse (173)

Diabetes

Dysmenorrhœa

Dyspepsia

Distended Stomach

Diaphragmatic Pleurisy

1033-1035

Hiccough—continued

Enteric Fever, III.
 Gangrene of Lung
 Gout
 Hydrocephalus
 Hepatitis
 Hæmorrhage
 Hysteria
 Intestinal Obstruction
 Mediastinal Tumour
 Meningitis
 Mental Emotions
 Nephritis, Chronic
 Peritonitis
 Pleurisy, Diaphrag-
 matic

Pregnancy
 Pancreatic Disease
 Perihepatitis
 Spinal Injury
 Septicæmia
 Strangulated Hernia
 Tumour of Brain
 Typhic state, (174)
 Uræmia

Nystagmus (see *Eyeballs*,
 376)

1036. Carphology (Pick-
 ing bedclothes)

Typhic state (174)

TONIC SPASM**1037. Trousseau's Pheno-
 menon**

Sudden violent spasm of
 muscles of forearm upon
 pressure over median
 nerve and brachial artery
 (accoucheur's hand)

Tetany

**1038. Chvostek's Pheno-
 menon**

A slight tap over a muscle
 or nerve produces mus-
 cular contraction; the
 facial nerve or its
 branch below the hyoid
 bone is usually selected

Rheumatoid Arthritis

Tetany

1039. Cramps

Alcoholism
 Cholera, Asiatic
 Cholera, Sporadic
 Cancer of Intestine
 Constipation
 Colic
 Diabetes
 Dilatation of Stomach
 Ergotism
 Gout
 Gastro-intestinal Irrita-
 tion
 Hernia
 Hysteria
 Intussusception

1035-1039

CRAMPS—continued

Internal Spinal Meningitis

Lead-poisoning

Nephritis, Chronic

Occupation Neurosis

Pregnancy

Progressive Muscular Atrophy

Poisoning by Arsenic, Antimony, and Potomanes

Syringomyelia

Sciatica

Thomsen's Disease

Tumours of Cord

1040. Rigidity

Early rigidity disappears during sleep; late rigidity is persistent

Amyotrophic Lateral Sclerosis, III.

Bulbar Paralysis (late) limbs

Cerebro-spinal Meningitis

Cerebellar Disease nuchal

Cerebral Diplegia

Compression of Cord, Slow (late)

Catalepsy universal—'waxy'

Disseminated Sclerosis (late)

Epilepsy, II.

Embolism of Brain

Ergotism, Spasmodic

External Spinal Pachymeningitis

Hemiplegia, Infantile

esp. of adductors and flexors

Hysteria

Hystero-epilepsy

Lateral Sclerosis, Primary

Myelitis

Meningitis, Internal Spinal

back and limbs

Meningitis, Tubercular

Meningitis, Spinal Tubercular

Paralysis Agitans, III.

Primary Spastic Paraplegia

'clasp-knife rigidity,' pelvis moves with leg

Spinal Meningeal

Hæmorrhage

Spastic Cerebral Paraplegia

Syringomyelia

Spasmodic Spinal Paralysis

Syphilitic Spinal Paralysis

Thrombosis of Brain

Thomsen's Disease

(v) legs; (s) arms—on voluntary movement

1039-1040

RIGIDITY—continued

Tumour of Spine

Tumour of Brain

Tetanus

Tetany

esp. of fingers and toes

(See 656)

1041. Waxy Rigidity

The limbs offer to passive
movement a resistance
like that of wax

Catalepsy

Epilepsy

Hypnosis

Hysteria

Melancholia

Meningitis (x)

Tumour of Brain

1042. Trismus

Tonic closure of lower jaw

Abscess near Masseter

Brain Tumour

Cerebro-spinal Menin-
gitis

Dentition

esp. of wisdom-teeth

Dental Irritation

Epilepsy (s)

Facial Neuralgia

Hysteria

Intestinal Irritation

esp. worms

Mumps

Quinsy (s)

Strychnine-poisoning
(early)

*Tetanus

Trichinosis

Tetany

Temporo-maxillary
Rheumatism

Uræmia (x)

1043. Emprosthotonos

(Body curved forwards)

Cerebro-spinal Menin-
gitisIntrameningeal Spinal
Hæmorrhage, i.

Paralysis Agitans

1044. Opisthotonos

(Body curved backwards)

Hysterical Convulsions
(s)Internal Spinal Menin-
gitis

Strychnine

*Tetanus

Uræmia

1045. Spasm of Swallow

*Hydrophobia

Hysteria

Lyssaphobia

Strychnine

Tetanus

1040-1045

1046. Spasm of Inspiratory Muscles

Epilepsy
Hydrophobia
Tetanus
Tetany

1047. Laryngismus

Aortic Aneurysm
Epilepsy, i.
Hydrophobia
clonic
Intrathoracic Tumour

Measles
Rickets

1048. Spasm of Spinal Accessory

Spasmus nutans
Torticollis, Spasmodic

1049. Spasmodic Flexion of Toes

The four smaller ones only
Paralysis Agitans

ELECTRICAL REACTION

1050. The indifferent electrode, moistened with warm water, should be placed upon the sternum, sacrum, or upper part of the back; the small exciting electrode over the muscle at one of Ziemssen's motor points. In health, K.C.C. (kathode closing contraction) requires the weakest current, and K.O.C. the strongest. A.O.C. (anode opening contraction) and A.C.C. are intermediate.

1051. Reaction of Degeneration (R.D.)

Unimpaired galvanic and diminished or lost faradic contractility

A.C.C. = K.C.C.

R.D. is not found in cerebral or in functional diseases. In muscular dystrophies it is found only very late

Amyotrophic Lateral
Sclerosis (s)

Atrophic Spinal Paralysis, Chronic
Bulbar Paralysis
Cauda Equina, Lesion of
Compression of Cord
Diphtheritic Paralysis
Injuries to Cord
Infantile Paralysis
Idiopathic Muscular Atrophy

1046-1051

REACTION OF DEGENERATION—*continued*

Lead Paralysis

Myelitis

Neuritis, II.

Pressure on Nerve-trunks

Peripheral Paralysis in general

Poliomyelitis, Anterior paralysed muscles

Rheumatic Paralysis

Spinal Paralysis of Adults, Acute

Syringomyelia, II.

Tooth's Paralysis

Traumatic Paralysis

1052. Ghilarducci's Reaction (R.D.d.)

The active electrode is placed not on the muscle, but at a distance; *e.g.* on the wrist for the forearm. This reaction persists long after all others have been lost, and its absence indicates a complete separation from the trophic centre

1053. ELECTRIC IRRITABILITY**Diminished**

Amyotrophic Lateral Sclerosis

Chorea

Joint Atrophies

Locomotor Ataxy

Myasthenia Gravis

very rapidly lost

'Myasthenic Reaction'

Neuritis, II.

Occupation Neurosis, II.

Periodic Paralysis

Paralysis Agitans, III.

Progressive Muscular Atrophy

Poliomyelitis, Chronic Anterior

certain muscles only

Pseudo-bulbar Paralysis

Simple Muscular Atrophies

Syringomyelia

Tooth's Paralysis

Increased

Hemiplegia

Locomotor Ataxy

Myelitis

Occupation Neurosis, I.

Peripheral Neuritis, I.

Tetany

with an anodal opening tetanus (Erb)

1054. Myotonic Reaction (Erb)

The reaction from either current develops and relaxes very slowly

*Thomsen's Disease

1051-1054

INTELLECT

1055. Dull (Hebetude)

Adenoids
 Atrophy of Brain
 Anæmia of Brain
 Aphasia
 Ataxic Paraplegia, II
 Absinthism
 Alcoholism, II.
 Bromism
 Cretinism
 Chorea
 Cerebro-spinal Meningitis, I.
 Cervico-occipital Neuralgia
 Cerebral Diplegia
 Dysentery
 Disseminated Sclerosis
 Enteric Fever
 Encephalitis
 Effusion into Ventricles
 General Paralysis of Insane
 Hereditary Cerebellar Ataxy
 Hypertrophy of Brain
 Hyperpyrexia
 Hæmatoma of Dura Mater
 Huntington's Chorea
 Hydrocephalus, Chronic

Hydrocephalus, Spurious

Infantile Hemiplegia

Meningitis, Chronic

Myxœdema

Neurasthenia

Pseudo-hypertrophic Paralysis

Recklinghausen's Disease

Relapsing Fever

Softening of Brain

Starvation

Senile Atrophy

Thrombosis of Cerebral Arteries

Trypanosomiasis

Typhus

from commencement

Tumour of Brain

Uræmia

1056. Loss of Memory (Amnesia)

Apoplexy

Atrophy of Brain, Senile

Arterio-sclerosis of Brain

Bromism

Dementia

'Dual Personality'

1055-1056

LOSS OF MEMORY—*cont.*

Embolism
 General Paralysis of
 Insane
 Hydrocephalus
 Hæmatoma of Dura
 Mater
 Injuries, Head
 Korsakoff's Disease
 Multiple Neuritis
 Meningitis, Chronic
 Syphilitic Disease of
 Brain
 Thrombosis of Cerebral
 Vessels
 Tumour of Brain
 esp. of temporo-sphenoidal
 lobe

1057. Illusions or Hallu-
cinations

Aura epileptica
 Absinthism
 Bell's Mania
 'Day Terrors'
 Delirium Tremens
 Ergotism
 Exanthemata, Acute
 General Paralysis of
 Insane
 Hyperpyrexia
 Hydrophobia
 Hyperæmia of Brain
 Insanity

Korsakoff's Disease
 Multiple Neuritis
 Myxœdema
 Narcotics
 'Night Terrors'
 Typhic state (174)
 Tumour of Brain
 esp. of temporo-sphenoidal
 lobe

1058. Delusions

Delirium Tremens
 Dementia
 General Paralysis of
 Insane
 Hysteria
 Hypochondriasis
 Myxœdema (late)
 Mania
 Melancholia

1059. Delirium

Acute Yellow Atrophy
 muttering
 Anæmia of Brain,
 Chronic
 Absinthism
 Bell's Mania
 Cerebral Hæmor-
 rhage, II.
 Capillary Bronchitis
 (late)
 Chorea, Severe
 Cerebro-spinal Menin-
 gitis

1056-1059

DELIRIUM—continued

Cholangitis, Chronic
 Fibrous
 Dysentery
 Dysmenorrhœa (x)
 Delirium a potu
 Delirium Tremens
 i. noisy; ii. mumbling
 Erysipelas
 Exanthemata, Acute
 præm. in children
 Enteric Fever
 Encephalitis
 Glanders
 Gangrene of Lung
 muttering
 Hyperæmia of Brain
 Hyperpyrexia (221)
 Hydrophobia
 Hæmorrhage
 Intermittent, Pernicious
 Influenza
 Jaundice
 Korsakoff's Disease
 Labyrinthitis, Acute
 Myocarditis, Acute
 Mania
 Measles
 Meningitis
 Narcotic-poisoning, i.
 Pneumonia, Acute
 Rheumatism, Acute
 Remittent Fever
 Septicæmia

Scarlatina
 Tuberculosis, Acute
 Trichinosis
 Typhus
 muttering
 Typhic state (174)
 muttering
 Uræmia
 Variola
 Weil's Disease

1060. Unconsciousness

Aortic Stenosis
 Addison's Disease
 Atrophy of Heart
 Anæsthetics
 Anæmia of Brain
 Bell's Mania
 Cerebral Hæmorrhage
 Collapse
 incomplete
 Concussion of Brain
 rarely complete
 Catalepsy
 incomplete
 Epilepsy, ii.
 except Jacksonian epilepsy
 Embolism of Brain
 less marked than in hæ-
 morrhage
 Ergotism, Spasmodic
 Fatty Degeneration of
 Heart
 Gouty Heart
 Hysteria
 the eyelids often quiver
1059-1060

UNCONSCIOUSNESS—*cont.*

Hystero-epilepsy
 Hypnotism
 Injuries to Head
 Internal Hæmorrhage
 Laryngeal Vertigo
 momentary
 Malformation of Heart
 Malingering
 Petit Mal
 momentary

Syphilitic Heart
 Stokes-Adams Disease
 Syncope
 Shock
 Sunstroke
 Trance
 Typhic state (174)
 Tumour of Brain
 (See *Coma*, 46 ; *Faintness*, 167)

EMOTIONS

1061. Excitement and Exaltation

Anæmia of Brain
 Bell's Mania
 Friedreich's Paralysis
 General Paralysis, I.
 sometimes II.
 Hyperæmia of Brain
 Mania, Acute
 Tumour of Temporo-sphenoidal Lobe
 Action of—
 Alcohol, I.
 Amylene
 Aniline
 Chloroform
 Creasote
 Nitroglycerin
 Turpentine
 (See *Delirium*, 1059)

1062. Depression and Melancholy

Atony of Stomach
 Angina Pectoris
 Bulbar Paralysis
 Bromism
 Dysentery
 Disseminated Sclerosis
 Duodenal Catarrh
 Enteroptosis
 Gastritis, Chronic
 General Paralysis, II.
 sometimes I.
 Huntington's Chorea
 Hypochondriasis
 Hydrophobia
 Hysteria
 Iodism
 Jaundice
 Membranous Colitis

1060—1062

DEPRESSION AND MELAN-
CHOLY—*continued*

Mucous Colitis
Menopause
Melancholia
Mercurialism
Neurasthenia
Pernicious Anæmia
Poisoning by—
 Aconite
 Calabar Bean
 Hemlock
 Lobelia
 Tobacco
 Tartar Emetic
Tumour of Brain
 esp. temporo-sphenoidal
 lobe

1063. Alternating

Bulbar Paralysis
Chlorosis
Hysteria
Menopause
Pregnancy
Softening, Chronic

1064. Change of Temper

Aura epileptica
Exophthalmic Goitre
General Paralysis
Melancholia
Pregnancy

1065. Irritability

Anæmia of Brain
Catalepsy (præm.)
Duodenal Catarrh
Dilatation of Heart
Encephalitis, i.
Gout
Hyperæmia of Brain
Hypertrophy of Brain
Jaundice (331)
*Lithæmia
Myxœdema (late)
Menopause
Mental Strain
Malformation of Heart
Neurasthenia

(See *Expression*, 341–345)

PART III

PALPATION

CONTRACTIONS: s, sometimes; u, usually; x, exceptionally;
I, first stage; II, second stage; III, third stage; *, the most
probable or characteristic disease.

PALPATION OF THE CHEST

1066. TACTILE OR VOCAL FREMITUS

Increased

That on the right side is
normally more marked

Bronchiectasis

Broncho-pneumonia (x)
when the patches have
become confluent

Cirrhosis of Lung

Cavity, Thin-walled (s)

Congestion of Lungs

Phthisis, I.

Pneumonia, Acute

Pulmonary Apoplexy

Syphilitic Lung

Tumour of Pleura

1067. Diminished

Empyema

Œdema of Lung

Pleural Effusion

unless thick bands connect
the two layers of the
pleura

Pneumothorax

Pleura, Thickened (s)

Also occlusion of main
bronchus by aneurysm
or intrathoracic tumour.
Sometimes, too, when
pneumonic or phthisical
consolidation is ex-
tremely dense

1068. Rhonchal Fremitus

Asthma

Bronchitis

Bronchiectasis

Bronchus incompletely
Plugged

1069. Friction Fremitus

(Rare)

Acute Pleurisy

Pericarditis

1066-1069

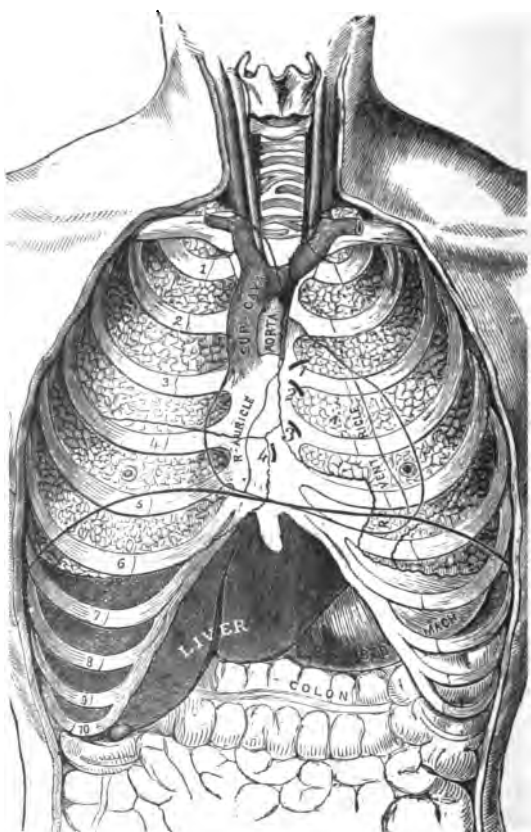


FIG. 9.—SOME OF THE PRINCIPAL VISCERA IN SITU
(From Gray's 'Anatomy')

THRILL

A thrill should be felt for where the corresponding murmur is best heard. A soft thrill is termed '*frémissement cataire*.'

1070. Systolic Thrill

Aneurysm of Aorta
Aortic Stenosis
at second right cartilage
Exophthalmic Goitre
second left cartilage
Mitral Regurgitation
at apex
Pulmonary Stenosis
Tricuspid Regurgitation
at lower part of sternum

1071. Diastolic Thrill

Aortic Regurgitation
second right cartilage
*Mitral Stenosis
'præsystolic'—rough
Tricuspid Stenosis (x)

1072. Epigastric Thrill
(Rare)

Dilatation of Stomach

HEART'S IMPULSE

The apex should be felt normally two inches below and one inch to the inner side of the nipple. In children under eleven it is higher.

Allowance must be made in cases of chest deformity or spinal curvature.

1073. Displaced Upwards

Atrophy of Heart
Ascites
Abdominal Tumours
Contraction of a
Vomica
in left apex
Distended Stomach
Enlarged Spleen
Enlarged Left Lobe of
Liver
Fæcal Accumulation (s)

Hernia, Diaphragmatic
Hydatids of Liver

left lobe

Pericardial Effusion

unless the heart is much
hypertrophied

Perforation of Stomach

Pleural Effusion, Ex-
tensive Right

Pregnancy

Tympanites

x 2

1070-1073

1074. Displaced Down-wards

Aneurysm of Heart
 Aortic Regurgitation
 Aortic Stenosis
 Cirrhosis of Kidney
 Chlorosis
 Cardiopptosis
 Emphysema
 Hepatopptosis
 *Hypertrophy of Heart (1080)
 Nephritis, Chronic
 Pneumothorax
 Tumours at Base of Heart
 gravitating ('cor mobile')

1075. Displaced to Right

Atrophy of Heart
 Contraction of Right Lung
 Collapse of Right Lung
 'Cor Mobile'
 gravitating
 Cirrhosis of Right Lung
 Diaphragmatic Hernia
 Emphysema
 Mediastinal Tumour
 if of left side, by pressure;
 if of right side, by occlusion of that bronchus
 Pleural Effusion, Left
 Pneumothorax, Left

Phthisis (x)

contraction of vomica in right lung
 Pneumonic Consolidation, Left
 only when very extensive
 Transposition of Viscera

1076. Displaced to Left

Aneurysm
 Aneurysm of Heart
 Ascites
 Aortic Regurgitation
 Aortic Stenosis slightly
 Abdominal Tumours
 *Cirrhosis of Kidney
 Chlorosis
 Cirrhosis of Left Lung
 Contraction of Left Lung
 Collapse of Left Lung
 Exophthalmic Goitre, Old
 Hypertrophy of Heart L.v. (1080)
 Liver, Enlarged
 Lordosis (575)
 Mitral Regurgitation
 Phthisis (x)
 contraction of vomica in left lung
 Pleurisy, Old Left
 contraction of lung
 Pleural Effusion, Right
 Pneumothorax, Right

1074-1076

DISPLACED TO LEFT—cont.

Tympanites
 Tumour of Right Lung
 Tumour of Right Side
 of Mediastinum
 Tumour of Left Side of
 Mediastinum
 if left bronchus is occluded

1077. Diffused Impulse

Aortic Regurgitation
 Aneurysm of Desc. Aorta
 Adherent Pericardium
 Dilatation of Heart
 Fatty Degeneration of
 Heart
 Hypertrophy, Excentric
 Left
 Hypertrophy, Right
 Mitral Stenosis (late)
 Pericardial Effusion
 undulating
 Shrinking of Præcordial
 Lung
 Tumour in Posterior
 Mediastinum

1078. Force Increased

Apoplexy
 Aortic Stenosis
 Atrophy of Lungs
 Aneurysm of Desc.
 Aorta
 'double jog'
 Acute Endocarditis
 Cirrhosis of Kidney

Intermittent Albu-
 minuria

*Left Hypertrophy (1080)
 'heaving impulse'

Myocarditis, Acute
 Mitral Regurgitation
 Mediastinal Tumour
 Pyrexia (219)

Palpitation
 'knocking,' not 'heaving'

1079. Force Diminished or Absent

Atrophy of Heart
 Aneurysm of Heart
 Contraction of Right
 Lung
 Cardiac Depressants
 Dilatation of Heart
 Emphysema
 Fatty Degeneration of
 Heart
 Myocarditis, Acute
 (late)
 Obesity
 Pericardial Effusion
 Pericardial Adhesions
 Præcordial Overlapping
 of Lungs, Increased
 Prostration (172)
 Thick Parietes

** The impulse is sometimes
 impalpable in health

Abnormal Pulsation (see
 264)

1076-1079

**1080. Hypertrophy of
Heart****(a) Left Ventricle**

Aneurysm
Atheroma
Athletics
Aortic Regurgitation
s. 'cor bovinum'
Aortic Stenosis
slight enlargement
Cirrhosis of Kidney
Cyanotic Kidney

Chlorosis
Exophthalmic Goitre
Mediastinal Tumours
Pericardium, Adherent
Pregnancy
Palpitation, Long continued

(b) Right Ventricle

Asthma
Emphysema
Mediastinal Tumour
Phthisis, Chronic

PALPATION OF THE ABDOMEN

1081. The most difficult region to explore is the abdomen ; especially in fat subjects. To detect fluctuation the nurse should be directed to place the edge of her hand in the mesial line. The left hand of the investigator is placed flat on one flank while the finger of the other hand is flicked against the opposite flank. A wave will be felt if fluid be present. Abdominal tumours are sought for by placing the flat of the hand upon the abdomen and combining firm and even pressure with a movement of circumduction. The physician's hand must be warm, and the patient must keep the abdominal muscles relaxed ; he should, therefore, lie on his back with his shoulders high, his knees drawn up, and his mouth open, or, as an alternative adopt the knee-elbow position. In the case of the spleen or liver, the physician should press the organ forward with his other hand, and the patient should take a deep inspiration. I have known the edge of the quadriceps lumborum mistaken for the spleen. The character of the liver's edge and surface must be noted. The transverse colon, according to Glénard, feels like a thick cord.

If a tumour should be discovered, the additional points to elucidate are, whether it can be traced into the pelvis or into the loins ; whether, like a fæcal accumulation, it can be made to pit upon pressure ; and whether, like tumours connected with the liver and

1081

spleen, it rises and falls with respiration. The examination is facilitated by the previous administration of an enema, and, still more, by an anæsthetic. Examination while the patient is immersed in a hot bath has also been recommended. It is not, however, very convenient, and I have substituted successfully an indiarubber hot-water bottle on the abdomen. In either case rigidity must be looked for first. (See also *Gaseous Test*, 1144, 1202.)

1082. LIVER ENLARGED

In addition to the ordinary method of palpation, a sudden dip may be made with the fingers over the organ

1083. Smooth Enlargement

Acromegaly
Amyloid
Actinomycosis
Banti's Disease
Cancer, Infiltrated
Cirrhosis, Hypertrophic, I.
Cyanotic Liver
 u. from mitral disease
Fatty Degeneration
Glandular Fever
Hæmochromatosis
Hepatic Abscess
Hypertrophy
Hepatitis, Acute
Hydatids
Lymphadenoma (s)
Leukæmia

Mediastinitis

Obstructed Bile-ducts
Phosphorus-poisoning
Pneumonia

Rickets

Relapsing Fever
Remittent Fever
Syphilis, Congenital
Trypanosomiasis
Weil's Disease
Yellow Atrophy, Ac. (s)

1084. Nodular

Cancer of Liver
 shape altered
Cirrhosis, Hypertrophic, II.
Syphilitic Disease of Liver

A single circumscribed swelling may be due to abscess, hydatids, or enlarged Riedel's lobe

1085. Liver Depressed

Angular Curvature

1081-1085

LIVER DEPRESSED—cont.

Asthma
 Emphysema
 Hepatoptosis
 Hydatids on Convexity
 Meso-hepar (x)
 Pleural Effusion, Right
 Pneumothorax, Right
 Rickets
 Subphrenic Abscess
 Tight-lacing
 Tumour

LIVER DIMINISHED
 (See *Percussion*, 1134)

1086. Gall-bladder Enlarged

It is sometimes enormous

Carcinoma
 Dropsy of Gall-bladder
 Gallstones
 Obstructed Bile-duct

* * Beware of mistaking a cancer of the head of the pancreas (see *Gaseous Test*, 1144, 1202)

1087. Spleen Enlarged

The spleen may be often recognised by its notch

Amyloid Disease
 Acute Yellow Atrophy
 Ague
 Ac. Ascending Paralysis
 Acromegaly

Banti's Disease
 Cirrhosis of Liver
 Cancer of Stomach (x)
 Diphtheria
 Embolism
 Enteric Fever
 Erysipelas
 Glandular Fever
 Hydatids
 Hepatic Colic
 Lymphadenoma
 Leukæmia
 sometimes nodular
 Mediastinitis
 Paratyphoid Fever
 50 per cent.

Ponos
 Portal Obstruction
 Pernicious Anæmia
 Pyæmia
 Psittacosis
 Polymyositis
 Puerperal Septicæmia
 Pancreatitis, Chronic
 Relapsing Fever
 Remittent Fever
 Rickets (s)
 Septic Endocarditis
 Syphilitic Liver
 Syphilis, Hereditary
 Syphilis, Secondary
 during exanthem
 Septicæmia
 Trypanosomiasis

1085-1087

SPLEEN ENLARGED—cont.

Typhus (prodr.)
Tuberculosis, Acute
Weil's Disease

1088. Spleen Displaced (x)

Ascites
Enteroptosis
Emphysema

Intrathoracic Tumour
(s)

Meteorism
Meso-spleen
Pneumothorax, Left
Pleural Effusion, Left

1089. Extra Floating Ribs

Enteroptosis
(10th, and even 9th)

ABDOMINAL TUMOURS AND SWELLINGS

When large, pelvic tumours become abdominal, and abdominal tumours central.

1090. Central

Aneurysm
Cirrhosis of Stomach
Cancer { Stomach
 or { Pancreas
Colloid { Omentum
 of { Intestine

Enchondroma
Fatty Tumour of Omentum

Hypertrophy of Pylorus

Intussusception
sausage-shape

Lumbar Abscess (s)

Lumbar Glands, Enlarged

Mesenteric Glands, Enlarged

Mesenteric Cysts

Omental Gland, Enlarged

Peritonitis, Encysted
Peritonæum, Thickened
Post-peritonæal
Abscess or Sarcoma
Pancreatitis
Pancreatic Cyst
Tabes mesenterica

* * Beware of contraction of the rectus muscle. The gravid uterus reaches the umbilicus at the sixth month

1091. Traced into Pelvis

Abscess, Ovarian
Congestion of Uterus, Chronic
Cyst of Broad Ligament
Distended Bladder
in women, sometimes enormous

1087-1091

TRACED INTO PELVIS—
continued

Ectopic Foetation
Fibroid Tumour of
 Uterus
Fibrocytic Tumour of
 Uterus
Hydrometra
Hydrosalpinx
Hypertrophied Bladder
Hæmatosalpinx
Myoma
Menses, Retained
Ovarian Cyst or
 Tumour
Pregnancy
Pyosalpinx
Polypus
Pericystic Abscess
Peritonæal Hydatids
Subinvolution
Tubal Cancer or
 Tubercle

**1092. Movable on Palpa-
tion**

Concretions
Fæcal Accumulation
Floating Kidney
Floating Spleen
Floating Liver
Gallstones (s)
Intestinal Growths
Pyloric Growth (s)

1093. Fixed on Palpation

Abscess, Appendicular
Abscess, Spinal
Aneurysm
Glands, Retroperito-
 næal
Hydronephrosis
Pancreas, Tumour of
Pyonephrosis

**1094. Movable with Re-
spiration**

Gall-bladder, Enlarged
 (1086)
Liver, Enlarged (1082)
Liver, Hydatids of
Liver, Growths on
Spleen, Enlarged (1087)
Splenic Growths

1095. Wandering

Concretions in Intestine
Cancer of Pylorus (x)
Fatty Tumour of Intes-
tine
 appendix epiploica
Floating Kidney
Floating Spleen
Floating Lobe of Liver
 towards right ileum
Impacted Fæces
Phantom Tumour
Tumour etc. of Trans-
verse Colon
 when its mesentery is long

1091-1095

1096. Lateral

Appendicitis
 Cystic Kidney, Large
 Dysentery
 doughy colon
 Encephaloid Kidney
 Fæcal Accumulation
 Gall-bladder, Distended
 Hydronephrosis
 variable
 Hydatids of Liver or
 Kidney
 Hæmatocele, Pelvic
 Hydrosalpinx
 Hæmosalpinx
 Movable Kidney
 Ovarian Cyst, etc
 Pelvic Abscess
 Perinephritic Abscess
 Pyonephrosis
 Pyosalpinx
 Parasite of Kidney
 Spasm of Colon
 ' stiffened area '
 Spasm of Pylorus
 Spleen, Enlarged
 notched
 Sarcoma of Kidney
 Doubtful cases should be
 examined after an ene-
 ma under an anæsthetic.
 For tumours connected
 possibly with the kidney
 or pancreas, gaseous
 distension should be
 employed (see 1144)

1097. Fluctuating

Ascites
 Abscess in Abdominal
 Parietes
 Distended Bladder
 slightly so-
 Ectopic Gestation
 Effusion into Lesser
 Peritonæal Cavity
 Hydatids
 vibratile
 Hydronephrosis
 Hydrosalpinx
 Lumbar Abscess (x)
 Ovarian Cyst (s)
 Peritonitis, Encysted
 Pregnancy
 Pyonephrosis
 Pyosalpinx

**1098. Impulse on Cough-
ing in Groin**

Hernia
 Psoas Abscess
 Varix
 Also some cysts

**1099. Bognini's Sym-
ptom**

A feeling of crepitation
 when gradually in-
 creasing pressure is
 made upon the abdomen

Measles

from prodromal to end of
 eruptive stage

1096-1099

1099a. Enlarged Mesenteric or Lumbar Glands

Amyloid Disease

Cancer of Intestine

Cancer of Kidney

Cancer of Testis

Dysentery

Enteric Fever

Glandular Fever

Peritonitis

Tubercle

Tabes mesenterica

UTERINE EXAMINATION

1100. **Corvix Altered****Cancer**

hard; os enlarged and
irregular, with everted
lips

Cancer of Body

os sometimes dilated

**Retroflexion and -ver-
sion**

low, with os looking for-
wards

Anteversion

this is now recognised to
be the normal position
of the organ

Anteflexion

high; os looks downwards
and forwards

Chronic Metritis

hard

Acute Metritis

swollen and hot

Acute Endometritis

hot, swollen, and puffy; os
dilated and velvety

Chronic Endometritis

normal or catarrhal

Cervical Catarrh

puffy, large, and velvety
in nulliparæ; nodular in
multiparæ

Atrophy of Uterus

small

Ovarian Disease

displaced to opposite side

Subinvolution

soft

1101. **Fulness of Douglas's
Pouch****Ascites****Collapsed Intestine****Ectopic Gestation**
rupture**Hydatids****Hæmatocele, Pelvic****Ovarian Cyst, Small****Post-vaginal Enterocoele****Retroflexion****Retroversion**

1102. TUMOURS OR PSEUDO-TUMOURS

Central

- Anteflexion
 - hard mass in anterior fornix
- Fibroid, External
- Peritonitis
 - thickening of fornices
- Sarcoma
 - friable; springs from body of uterus

Lateral

- Abscess, Pelvic
- Cellulitis, Pelvic
- Cancer of Ovary
 - v. secondary
- Ectopic Gestation
- Fibroma of Ovary
- Fibrocystic Ovary
- Hydrosalpinx
- Hæmatosalpinx
- Hæmatoma, Pelvic
- Oöphoritis
- Ovarian Cyst
- Parovarian Cyst
- Pyosalpinx
- Sarcoma

1103. Uterus Painful on Movement

- Cancer of Body of Uterus

- Endometritis, Acute
- Metritis, Acute
- Peritonitis, Pelvic
- Salpingitis

1104. Uterus Enlarged

- Cancer of Body
- Endometritis
 - esp. septic
- Elongated Cervix
- Fibroid
 - internal or interstitial
- Hypertrophy
- Metritis, Chronic
- Pregnancy
- Polypus
- Subinvolution

1105. Sound Measurement Diminished

Normally $2\frac{1}{2}$ ". The sound must not be inserted until pregnancy has been excluded. It is now rarely used

- Arrested Development
- Adhesions
- Hyperinvolution
- Inversion, Partial
- Senile Atrophy
- Tumour of Fundus
 - apparent

PART IV

PERCUSSION

CONTRACTIONS: s, sometimes; u, usually; x, exceptionally;
I, first stage; II, second stage; III, third stage; *, the most
probable or characteristic disease.

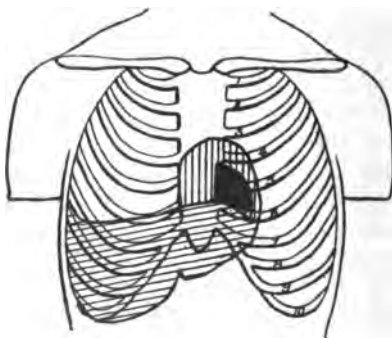


FIG. 10.—DIAGRAM SHOWING SUPERFICIAL CARDIAC DULNESS (BLACK), DEEP CARDIAC DULNESS (VERTICAL LINES), AND LIVER DULNESS (HORIZONTAL LINES)

1106. PERCUSSION.—Deep percussion is best effected by using two fingers for a plessor; superficial, by using the middle finger only. The finger struck should be pressed so firmly into the patient's flesh as to be practically incorporated with it. The shoulder

and elbow joints should be fixed, and the necessary motion be made exclusively at the wrist joint. Increased tension within the chest raises the pitch of the percussion note. Tested by the spring balance, I find that superficial percussion in my own case is equal to two ounces, and deep or heavy percussion to ten ounces. Students might with advantage practise with a balance, so as to acquire uniformity of stroke.

1107. Heart Dulness.—Superficial cardiac dulness represents the small area which normally is uncovered by lung. It extends from the left edge of the sternum and from the fourth left rib downwards to the heart's apex. The deep cardiac dulness is bounded by the right edge of the sternum, the third left rib, and a point one inch to the left of the heart's impulse. With very heavy percussion it may extend to a finger's breadth beyond the sternum.

1108. Liver Dulness.—This should not extend below the edge of the ribs. Its upper margin should reach the fourth rib in front, the seventh rib at the side, and the tenth rib behind, on heavy percussion. Percussion of the liver below the ribs is often vitiated by conducted resonance.

1109. Splenic Dulness.—A dullish note in the mid-axillary line opposite the ninth, tenth, and eleventh ribs.

1110. Cracked-pot Sound.—To bring this out, the patient should open his mouth and turn his head away.

CARDIAC DULNESS INCREASED**1111. Vertically**

Ascites
 upwards
 Aortic Regurgitation
 Contraction of Left Lung
 or of a vomica within it
 Cancer of Pleura
 Cancer of Pericardium
 Consolidation of Lung above Heart
 Endocarditis, Acute
 Encysted Empyema or
 Pleurisy, near Heart
 Fatty Degeneration of Heart
 Hypertrophy of Left Ventricle
 esp. if excentric
 Hypertrophy of Right Ventricle
 Myocarditis, Acute
 Pericardial Effusion
 Syphilitic Heart

1112. Transversely

Aortic Regurgitation to left
 Dilatation of Right Ventricle
 Dilatation of Right Auricle
 dulness in 3rd and 4th right spaces

Dilatation of Left Ventricle

 dulness to left of nipple-line

Endocarditis

Exophthalmic Gout
 transient dilatation

Hypertrophy of Left Ventricle

Lordosis (575)

Mediastinitis

Mitral Regurgitation

Mitral Stenosis, Late

Pericardial Effusion
 pyramidal; base - line reaching sometimes to right nipple-line

Pleural Effusion
 if right, to left; if left, to right

Retraction of Left Lung

1113. Increased Equably

Endocarditis
 High Diaphragm
 Myocarditis
 Universal Hypertrophy

1114. Increased Irregularly

Aneurysm of Aorta
 Mediastinal Tumour
 Patent Foramen Ovale

1111-1114

1115. DULNESS DIMINISHED

Atrophy of Heart
slightly

Cancer of Stomach (x)

Cirrhosis or Contraction
of Right Lung

Emphysema

Pneumopericardium

Pneumohydropericar-
dium

Pneumothorax, Left

**1116. Undiminished by
Inspiration**

Adhesion of Pericar-
dium to Pleura

CHEST AND BACK

1117. ABNORMAL DULNESS

Aneurysm of Aorta	Enteroptosis
Aneurysm of Descending Aorta	loss of tympanitic note in Traube's space
left interscapular and supraspinous regions	Empyema
Aortitis	Encysted Empyema
manubrium, right second space and third cartilage	Fæcal Accumulation
Abscess of Lung	Traube's space
Actinomycosis	Gangrene of Lung
Bronchiectasis	before softening
where surrounded by condensed lung-tissue	Hydatids of Lung,
Bronchial Glands, Enlarged	Superficial
interscapular	Hydatids of Liver
Cancer of Lung, Extensive	convexity upwards
Cancer of Pleura	Hydropneumothorax
Congestion of Lungs,	shifting with position
Hypostatic	Hæmatothorax
bases of lungs	Hydrothorax
Collapse of Lungs	fluid gravitates with change of position
a strip each side of spine	Lobular Pneumonia (x)
Cirrhosis of Lung	only when several areas have coalesced
all one side; wooden; high-pitched	Mediastinal Abscess or Tumour
	over prominence
	Œdema of Lungs
	both bases; but unequally

1117

ABNORMAL DULNESS—

continued

Pneumonia, Acute

u. right base

Pneumonia Serpens

healing in one direction
while advancing in
another

Phthisis, I.

suprascapular, supracla-
vicular, infraclavicular

Pleurisy with Effusion

begins from below; upper
limit of dulness ob-
liquely upwards and
backwards or 'S' curved
fluid unaffected by gravita-
tion

Pleura, Thickened

wooden

Pulmonary Apoplexy

circumscribed incomplete
dulness usually in mam-
mary or axillary region

**Syphilitic Disease of
Lungs**

in patches

Thymus, Enlarged

manubrium

Transposition of Viscera

in Traube's semilunar
space

Tuberculosis, Acute (x)

(See *Enlarged Liver*,
(1083, and *Enlarged
Spleen*, 1087)

1118. Cracked-pot Sound

(Bruit de pot fêlé)

Usually due to a superficial
empty cavity, that com-

municates freely with
a bronchial tube. It
is normal in a crying
infant

Bronchiectasis

Gangrene of Lung

***Phthisis, II.**

Pneumothorax (x)

Pyopneumothorax

with wide fistula

Pneumonia, Acute (x)

due to an islet of relaxed
lung-tissue surrounded
by hepatisation

Relaxed Lung (s)

1119. Sense of Resistance

Diminished lung elas-
ticity

Cancer of Pleura

Cirrhosis of Lung

**Distension of Lung,
Extreme**

Emphysema

Pleura Thickened

Pleural Effusion

Pneumonia, Acute

moderate

Pneumothorax

Extreme

1120. Myoidema

Percussion stroke produces
a small prominence

Pneumonia, Acute

affected side

1117-1120

MYOIDEMA—*continued*

Phthisis

pectoral muscle

Wasting Diseases

1121. Hyper-resonance or Abnormal ResonanceActinomycosis
cavityAtrophy or Shrinking
of Liver (1134)

Asthma, Spasmodic

Bronchiectasis

consolidation between the
dilatation and the sur-
face†Cavity, Large Relaxed
Cirrhosis of Opposite
Lungextending a little beyond
opposite border of ster-
num†Dilatation of Stomach
left axilla

Emphysema

Gangrene of Lung
after softeningKidney, Floating
one lumbar regionKidney, Congenital Ab-
sence of one
one lumbar region†Margin of Lung border-
ing on ConsolidationEdema of Lungs (s)
above dull areaPneumothorax
all one sidePerforation of Bowel or
Stomach
disappearance of liver
dullness†Relaxed Lung above
Pleural Effusion
intraclavicularTuberculosis, Acute
Miliary
patchy**1122. Skodaic, Tympani-
tic, or Tubular Re-
sonance**Those marked † in
above listIn Traube's semilunar
space, which corresponds
on the left to the posi-
tion occupied by the liver
on the right, the note is
normally tympanitic**1123. Amphoric Reso-
nance**It sounds like tapping an
empty jarCavity, Large superficial
empty

Cirrhosis of Lung

Phthisis

Pneumothorax

Subphrenic Abscess

1120-1123

1124. Coin Sound

Large cavity with
smooth walls

*Pneumothorax

Sulphrenic Abscess

1125. Thrill on Percussion

Hydatids

wavy

Hydropneumothorax

Pyopneumothorax

1126. APEX OF LUNG

High

Emphysema

bulging with inspiration

Phthisis

an early symptom

Low

Collapse of Lung

Cirrhosis of Lung

1127. Kellock's Sign

Vibration of the ribs when
percussed

Pleural Effusion

(Absent in pneumonia)

VARIATIONS IN PERCUSSION NOTE

1128. Wintrich's Sign

Pitch higher on opening
the mouth

Cavities

Pneumothorax

1130. Gerhardt's Sign

Note altered by change of
posture

Cavity, Half-filled

1131. Biermer's Sign

Note deeper when patient
sits up

Hydropneumothorax

**1129. Interrupted Wint-
rich**

This term is applied when
Wintrich's sign is ob-
tained in the recumbent
but not in the erect
position, or *vice versa*

Cavity containing Fluid

1132. Friedreich's Sign

Note higher on deep inspi-
ration

Cavities (s)

1124-1132

1133. Auscultatory Percussion

The chest piece should be held in position by the patient or nurse. Percussion is then made over the supposed boundary of an organ. The difference in note is more marked than in simple percussion. It is employed for determining the boundaries of the solid viscera. The method is also used for determining the outline of a dilated stomach, the stethoscope being applied to the centre.

ABDOMEN

LIVER DULNESS

1134. Diminished

Acute Yellow Atrophy
or absent
Cirrhosis of Liver,
Atrophic
Cirrhosis or Contraction
of Left Lung
Emphysema
Pneumo-peritonæum
from perforation of bowel
or stomach. The liver
dulness is entirely absent
when the trunk is erect
Tympanites (*q.v.*)
Transposition of Viscera

1135. Altered

Constricted Right Lobe
tight-lacing
Tumours of Liver

1136. Increased

Ascites (s)
Amyloid
Abscess of Liver
Cirrhosis, Hypertrophic
Cancer of Liver

Cancer of Omentum
Cancer of Pancreas
Cancer of Stomach
Cancer of Right Kidney
Cyanotic Liver
Fæcal Accumulation
Fatty Degeneration of
Liver
Hydatids (Vibratory)
Hypertrophy, Simple
Mediastinal Tumours
Obstructed Bile-ducts
Pleural Effusion, Right
Pericardial Effusion,
Extensive

1137. Liver Raised

Abdominal Tumours
Ascites
Cirrhosis, Contraction,
or Collapse of Right
Lung
Paralysis of Diaphragm
with inspiration
Tympanites

1134-1137

1138. Liver Depressed

Asthma, Spasmodic
 Cirrhosis of Left Lung
 Emphysema
 Hepatoptosis
 Hydropericardium
 Intrathoracic Tumours
 Meso-hepar (rare)
 Pleural Effusion, Right

Paralysis of Diaphragm
 with expiration
 Spasm of Diaphragm
 Tight-lacing

1139. Spleen Enlarged
(See *Palpation*, 1087)

* * Percussion of the spleen
 is of use only with the
 body erect

PERCUSSION OF ABDOMEN**1140. Tympanites and Meteorism**

Dysentery
 Enteric Fever
 Hysteria
 Intestinal Obstruction,
 Acute
 Intestinal Catarrh (s)
 Ileus
 Puerperal Septicæmia
 Peritonitis, Acute
 Pneumo-peritonæum
 from perforation—appen-
 dicitis; or gastric, dys-
 enteric, syphilitic, ty-
 phoid, or tubercular
 ulcer. Rarely from
 Bacillus *ærogenes*
 Spinal Cord, Chronic
 Disease of
 Tabes mesenterica
 Typhic state (174)

1141. Partial Abdominal Dulness

Ascites
 lowest part
 Abdominal Aneurysm
 Colloid Omentum
 Cancer of Kidney
 Cancer of Pancreas
 Cysts
 Distended Bladder
 Fæcal Accumulation
 Intestinal Obstruction,
 Seat of
 Enlarged Liver
 (see *Palpation*, 1081)
 Enlarged Spleen
 (see *Palpation*, 1081)
 Tumours (1094)

* * The note over intestinal
 cancer is usually resonant

1138-1141

1142. Ascites

When the patient sits up,
the upper limit of dull-
ness is concave

Anasarca (287)

Aneurysm (s)

Banti's Disease

Cirrhosis of Liver,

Atrophic

Cirrhosis of Liver,

Hypertrophic (x)

Cyanotic Liver

Cancer of Liver

Cancer of Peritonæum

Mediastinitis

Mitral Disease

Ovarian Cyst, Rupture
of

Pericardial Pseudo-
cirrhosis

Peritonitis, Tubercular

Perihepatitis

Pancreatitis (s)

Portal Obstruction

Syphilitic Liver (x)

Tubal Pregnancy, Rup-
ture

Thoracic Duct, Ob-
structed

Tumours (s)

1143. Fluid Test

The stomach, when par-
tially filled with liquid,
yields to percussion a
dull area one inch above
the umbilicus

In Dilatation of the
Stomach, this dull area
is at or below the um-
bilicus

**1144. GASEOUS TEST
FOR STOMACH**

Artificial distension of the
stomach is produced by
the patient taking suc-
cessively a teaspoonful
of bicarbonate of soda
and the same quantity
of tartaric acid upon an
empty stomach. A glass
of Apollinaris does al-
most as well

**Resonance over previously
Dull Area**

Pancreatic Enlargement
Dilated Stomach

**1145. GASEOUS TEST
FOR COLON**

The acid and alkali are
introduced into the pre-
viously emptied rectum

**Resonance over previously
Dull Area**

Renal Tumours or
Cysts

PART V

AUSCULTATION

CONTRACTIONS: s, sometimes; u, usually; x, exceptionally;
I, first stage; II, second stage; III, third stage; *, the most
probable or characteristic disease.

1146. Never attempt to auscultate in a constrained position. In the case of the back a towel may replace the stethoscope, the patient being told to lean forward and cross his arms. It is sometimes difficult to get a patient to breathe deeply enough. In that case he should be told to hold his breath while the heart is being examined; his after-dyspnœa may be taken advantage of for the auscultation of the lungs. An adventitious crackling is sometimes heard with the double stethoscope. This may be avoided by wetting the skin.

1147. Bell Sound.—The physician puts his ear to the back while an assistant with a coin flat upon the chest taps this with a second coin.

1148. Pectoriloquy.—This is best heard when the patient whispers; the effect is that of listening at a speaking-tube.

1149. Bronchophony, unlike pectoriloquy, is inarticulate. *Ægophony* is rarely heard. It is bleating in character.

1146-1149

LUNGS

1150. Puerile Breathing

As in infants

Cirrhosis of Opposite Lung

Compression of Opposite Lung

Collapse of Opposite Lung

Pleural Effusion
in infraclavicular region**1151. Wavy or Saccadée Breathing**

'Of little value' (Dr. Gee)

Bronchial Catarrh

Hypertrophy of Heart

Nervousness

Patchy Pleuritic Adhesions

Phthisis, I.

'Cog-wheel' inspiration

1152. Weak or Absent Breathing Sounds(Occluded bronchus,
blocked alveoli, fluid,
etc.)

Asthma, Spasmodic

Aneurysm

Bronchitis, Plastic

Cancer of Lung

Cirrhosis of Lung

in parts

Congestion of Lungs (s)

Collapse of Lung

Diaphragmatic Pleurisy
at base

Diaphragmatic Hernia

Emphysema

Encysted Pleurisy or
Pneumothorax

Foreign Body in Bronchus

Gangrene of Lung (s)

Hydropneumothorax

Hydatids of Lung

Hooping Cough

Mediastinal Tumour

Œdema of Lungs

Occluded Bronchus

Pleural Effusion

Pleura, Adherent or
Thickened

Pneumothorax

Pyopneumothorax

To be of value this symptom must co-exist with normal breathing elsewhere

When fluid or air separates the lung from the chest wall, the breathing sounds are 'distant'

1153. Prolonged Expiration

In health, the ratio of inspiration to expiration is 5:6

Asthma, Spasmodic

Bronchitis, Plastic

1150-1153

PROLONGED EXPIRATION—*continued*

Bronchiectasis

Consolidation, Com-
mencing

Emphysema

Hay Asthma

Hydatids of Lung

Laryngitis, Acute

Obstructed Bronchus

Phthisis

1154. Bronchial Breathing

This is normal at the upper part of the sternum, between the spines of the scapulæ, and sometimes under the right clavicle. Its pitch is low in proportion to the greater size of the bronchus from which it is conducted. To elicit it, the patient must take a full deep breath. It is also known as *Tubular Breathing*

Actinomycosis

Aneurysm

Bronchial Glands, En-
larged

Bronchiectasis

Cancer of Lung

Collapse of Lung

Cirrhosis of Lung

Empyema (s)

Gangrene of Lung

Mediastinal Tumour

Edema of Lungs

Pulmonary Apoplexy

*Pneumonia, Acute, II.

Pneumonia, Broncho-,
Extensive

Phthisis, II.

Pleurisy (x)

adherent bands

Pleural Effusion in
Childrenand, if in thin layer, in
adults

Syphilitic Lung

Vomica communicating
with a Bronchus**1155. Cavernous Breathing**

Usually due to a small,
empty, patent cavity

Abscess of Lung

Bronchiectasis

Cancer of Lung (broken
down)

Cirrhosis of Lung

Gangrene of Lung

Phthisis, III.

Pleurisy (x)

Pneumothorax, Locu-
lated

Syphilitic Lung (late)

1156. Amphoric Breathing

Usually due to a smooth-
walled superficial cavity
of at least moderate size

Bronchiectasis

Gangrene of Lung (late)

1153-1156

AMPHORIC BREATHING—
continued

Phthisis, III.

Pneumothorax, or

Pyopneumothorax
communicating with a
bronchus

1157. Bell Sound

Diaphragmatic Hernia

Distended Colon (x)

*Pneumothorax

**1158. Post-Tussive Suction
Cavity**

**1159. India-rubber Ball
Sound**

Heard during respiratory
pause

Cavity

1160. Gurgling

Abscess of Lung

Actinomyces

Bronchiectasis

Caseous Softening

Collapse of Lung

around a large bronchus

Cavity, Large

Gangrene of Lung (late)

Hydatids of Lung

after rupture

Phthisis, III.

**1161. Rhonchus or Sono-
rous Râle**

Asthma, Spasmodic

Ague (warm stage)

*Bronchitis, Acute or
Chronic

first dry, afterwards moist

Bronchitis, Plastic

Bronchial Catarrh

Bronchorrhœa

Bronchus, Partially
Obstructed

Collapse of Lung

Enteric Fever

Emphysema (v)

Hay Asthma

Hooping Cough

Iodism

Influenza

Measles

Mediastinal Tumour

Mitral Disease

Psittacosis

Pernicious Intermittent

Phthisis, II.

conducted from a bronchus

Remittent Fever

Relapsing Fever (s)

Rickets

Tympanites

Tuberculosis, Acute

Variola

**1162. Sibilus or Sibilant
Râle**

Usually associated with
rhonchus

Asthma, Spasmodic

1156-1162

SIBILUS—continued

Aneurysm or Tumour
pressing on bronchus
*Bronchitis, Acute or
Chronic
Bronchial Catarrh
Broncho-pneumonia
Bronchitis, Plastic
Enteric Fever
Hypertrophy of Heart
Influenza
Measles
Variola

1163. Dry Crackle

Emphysema, Vesicular
Emphysema, Inter-
lobular
Tuberculosis (softening)

1164. Metallic Tinkling

Diaphragmatic Hernia
Phthisis, III.
Pneumothorax, Patent

1165. SUCCUSSION SOUND**In Chest**

Abscess of Lung
Diaphragmatic Hernia
Gangrene of Lung
Hydropneumothorax
Hydropneumopericar-
dium
Phthisis, III.
Pyopneumothorax

In Abdomen

Dilatation of Stomach
Distended Colon (x)
Pneumoperitonæum

1166. VOCAL RESONANCE**Increased**

(As in *Bronchophony*,
1168)

Diminished or Absent

Emphysema
Bronchus, Obstructed
Empyema
Edema of Pleura
Pleural Effusion
Pneumothorax
Thickened Pleura

1167. Egophony**Pleural Effusion**

either in thin layer or at
upper limit of thicker
layer. Heard specially
under scapula

Pneumonia (x)

1168. Bronchophony

Normal over upper dorsal
spinous processes and
under right clavicle near
sternum—especially in
women

Bronchiectasis

Collapse of Lung

1162-1168

BRONCHOPHONY—cont.

Cirrhosis of Lung
 Cancer of Lung
 Emphysema, Marked
 Pneumonia, Acute
 s. 'sniffing'
 Phthisis, II.
 Pleural Effusion
 if in thin layer
 Pulmonary Apoplexy
 Syphilitic Lung
 Tuberculosis

1169. Pectoriloquy

(Natural over the trachea)

Bronchiectasis
 Cirrhosis of Lung
 Cavity in Lung
 smooth-walled and communicating with bronchus
 Hydatids of Lung
 after rupture
 Pneumonia, Acute, II.
 (s)
 Phthisis, III.
 Solidification between
 a bronchus and the
 chest wall

1170. Bacelli's Sign

Whispering Pectoriloquy is heard through a serous, but not through a purulent, effusion. (I have found no confirmation of this in practice)

1171. Echophony

A short sound which follows the vocal resonance like an echo

Woillez's Disease

1172. Friction Sound

Bronchial Glands, Enlarged

between scapulæ

Cancer of Pleura

Diaphragmatic Pleurisy
 lower end of sternum

Embolism of Lung

Fracture of Rib

Interlobular Emphysema

*Pleurisy, I. and III.

Phthisis

at apex

Pleura, Thickened

Adherent

creaking

Perihepatitis

audible all over right side

Pyæmic Abscess

Recent Adhesion

spongy

Subphrenic Abscess

xiphoid cartilage

Tubercles on Pleura

* * Beware of shoulder-blade and shoulder-joint friction

1173. Crepitation or Crepitant Râle**Broncho-pneumonia**

subcrepitant râles with
inspiration and expira-
tion—audible in patches

Cirrhosis of Lung

largish—metallic

Congestion of Lungs,

Hypostatic

Cerebro-spinal Meningitis**Collapse of Lung**

fine

Empyema (s)**Gangrene of Lung, I.****Hooping Cough, I.****Imperfect Expansion of air-cells in bedridden patients**

removed by a few deep
inspirations

Œdema of Lungs**Œdema of Pleura**
fine**Phthisis, I. and II.**

apex ; heard with inspira-
tion and expiration

Phthisis, III.

coarse and clicking

Pneumonia, Acute

I, fine, dry, inspiratory ;
III, subcrepitant râle

Pulmonary Apoplexy**Tuberculosis, Acute**
fine**Woillez's Disease**

AUSCULTATION OF THE HEART

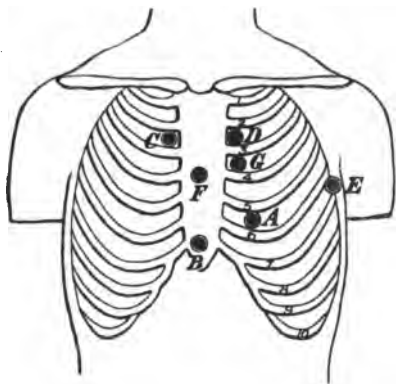


FIG. 11.—POINTS OF MAXIMUM INTENSITY FOR MURMURS

Mitral Stenosis, *A*. Mitral Regurgitation, *A*, *E*, and back.
 Tricuspid Stenosis, *B*. Tricuspid Regurgitation, *C*, *B*.
 Aortic Stenosis, *F*, *C*, and back. Aortic Regurgitation, *C*, *B*.
 Pulmonary Stenosis, *D*, *G*. Patent Duct, *D*. Hæmic or
 Functional Murmurs, *D*. Acute Endocarditis, *A*

1174. It is not always easy to distinguish the first from the second sound. To do so, start at the apex—the systolic sound will synchronise with the upheaval; then move the stethoscope gradually towards the base, keeping in touch all the time either with the upheaval or with the sounds as first heard. The rhythm of the mitral and tricuspid sounds is usually a trochee (—); that of the aortic and pul-

monary an iambic (∪ -). The cardiac cycle, with a pulse rate of 72, is 0·8 second; divided into ventricular systole 0·3, auricular systole 0·1, and the pause 0·4.

APEX MURMURS

1175. *Præsystolic*

Mitral Stenosis

v. soft; brought out by exercise, or, if heart turbulent, by digitalis

Tricuspid Stenosis

loudest at base of ensiform cartilage, or at the insertion of the 5th right rib; not heard at back

Mitral Regurgitation (x)

Tricuspid Regurgitation (x)

Aortic Regurgitation (x)

Flint's murmur

1176. *Systolic*

Acute Endocarditis blowing

Mitral Regurgitation loud and blowing; heard in left axilla and left vertebral groove

Tricuspid Regurgitation base of ensiform cartilage

BASE MURMURS

1177. *Systolic Functional*

Low-pitched; heard best at 2nd left space in 60 per cent. of cases; rarely on right side or at apex

Anæmia (325)

Addison's Disease

Chlorosis

Exophthalmic Goitre

Hæmorrhage

1178. *Systolic Organic*

Aortitis harsh

Aortic Stenosis

loud; heard at mid-sternum, 2nd right space, and left vertebral groove

Aneurysm, Intrapericardial booming

Dissecting Aneurysm heard at left vertebral groove

Mediastinal Tumour pressing on aorta

Malformation of Heart sharp

1174-1178

SYSTOLIC ORGANIC—cont.**Pulmonary Stenosis**

2nd and 3rd left spaces

**Perforation of Septum
Ventriculorum****Roughness and Rigidity
of Aortic Valves****Roughness of Conus
arteriosus**Conducted to ensiform
cartilage, but not to
back**Rupture of Aortic Cusp
Patent Ductus arterio-
sus**

2nd left space

Acute Endocarditis (x)
on infective endocarditis
setting in, the old mur-
mur changes its cha-
racter**Dilatation of Aorta
above Valve****1179. Diastolic Organic****Aortic Regurgitation**blowing; heard best at
2nd right space and at
junction of 3rd left
cartilage with sternum.** It must not be forgotten
that stenosis and insuffi-
ciency may co-exist**ALTERED FIRST SOUND****1180. Weak**

Ague (cold stage)

Collapse (173)

Cholera

Gouty Heart

Obesity

Pericardial Effusion

Pernicious Intermittent

Prostration

Trance

Typhus

Typhic state (174)

Endocarditis, Acute

Fatty Degeneration

Interposed Emphyse-
matous Lung

Nephritis, Chronic

1182. UnclassifiedAortic Regurgitation
murmurish at baseAortic Aneurysm
often absentArterio-sclerosis
prolongedDilatation
short and loud**1181. Muffled**

Atrophy of Heart

Asthma, Spasmodic

1178-1182

UNCLASSIFIED—*continued*

Functional Heart Disorder
ringing

Hypertrophy of Left Ventricle
indistinct

Hypertrophy of Right Ventricle

distinct

Mitral Stenosis

loud, short, and sharp

Myocarditis, Acute

sharp at first, afterwards dull

1183. HEART'S PAUSES

(see *Cardiac Cycle*, 1174)

Equalised, as in the foetal heart (embryocardia)

Fevers

Weakened Heart Muscle

Second Pause Prolonged

Weak and Irritable Heart

Digitalinism

Pneumonia (s)

1184. ALTERED SECOND SOUND

Anæmia
sharp

Aortitis
accented

Aneurysm
drum-like

Aortic Stenosis
indistinct

Aortic Regurgitation
valvular form, feeble; aortic form, accentuated

Arterio-sclerosis
audible at angle of right scapula

Dilatation, Acute
accented

Fatty Degeneration
sharp

Hypertrophy
left, loud; right, very loud

Myocarditis, Acute
sharp at first, afterwards dull

Mitral Stenosis
accentuated pulmonary

Mitral Regurgitation
accentuated pulmonary

1182-1184

ALTERED SECOND SOUND

continued

Pericardium, Adherent
inaudible at apex
Rough and Rigid Aortic
Valves
loud

1185. Reduplication

Anæmia
Aneurysm
Dyspepsia
Emphysema
Hypertrophy, Left
of first sound at apex
Hypertrophy, Right
of second sound
Intermittent Albuminuria
of second sound in recumbent position
Mitral Stenosis
of second sound at base
Mitral Regurgitation
Nephritis, Chronic
Pyrexia (219)
It is present occasionally in healthy persons

1186. Galloping or Triple Rhythm

(Bruit de galop, ∪ - ∪)
Anæmia
Impending Heart Failure

Myocarditis
Nephritis, Chronic

1187. Irregular Action

Ascites
Aneurysm (esp. intrapericardial)
tumultuous
Chorea
Distension of Stomach
Functional Heart Disorder
Gout, Undeveloped
Influenza
Mitral Regurgitation
Neurasthenia
Neuritis, Multiple
Rupture of Aortic Cusp
Spermatorrhœa
Also from abuse of tea or tobacco
(See *Palpitation*, 156)

1188. Cliquetis Métallique

Rare
Hypertrophy of Heart
systolic

1189. Aneurysmal Bruit

Aneurysm of Aorta
with systolic murmur
Aneurysm of Abdominal Aorta
with post-systolic murmur

1184-1189

ANEURYSMAL BRUIT—
continued

Aneurysm in General
unless filled with clot

Pulsating Sarcoma

1190. Splashing Sound

Hydropneumopericardium

audible at a distance

1191. Friction Sound

(Increased or brought out by pressure of stethoscope. The intensity point may change with the position of the body; it is usually loudest at base)

Mediastinitis

*Pericarditis

Perihepatitis
low-pitched

Pleurisy of Overlapping Lung

rarely audible when not breathing

Tubercles of Peritonæum (s)

1192. Crepitation Synchronous with Heart's Action

Interstitial Emphysemæ of Mediastinum

VENOUS MURMURS**1193. Præsystolic**

Health

in recumbent position

Hypertrophy

Strong Aortic Pulsation

1194. Systolic

Tricuspid Regurgitation

1196. Venous Hum

(Bruit de diable)

Anæmia

Chlorosis

in upright position

Enlarged Bronchial Glands

at manubrium, with patient's head thrown back

1195. Diastolic

Anæmia

Dilatation of Aorta

ARTERIAL MURMURS**1197. Carotid and Subclavian Systolic Murmur**

Arterio-sclerosis

Aortic Regurgitation

Aortic Stenosis

' When the second sound
is audible in the carotids,
the aortic valves are
still fairly efficient '
(Broadbent)

1198. Femoral**Double Murmur**

Aneurysm

Aortic Regurgitation

Lead-poisoning

Mitral Stenosis

1199. Palmar Arch

Aortic Regurgitation

1200. Foetal Heart

This is rarely heard before the fifth month. The rate is from 135 to 140, and the situation, where it is normally the loudest, is midway between the ant. sup. spine and the umbilicus. When the point of maximum intensity is well above the level of the navel, the case is one of breech presentation. When the sounds are loud and the uterus is small, ectopic gestation is indicated

AUSCULTATION OF THE ABDOMEN

1201. Swallowing Sound

A short splashing murmur heard in health immediately after swallowing

Absent

Esophageal Stenosis

1201a. Wolfier's Sign

When less can be withdrawn from the stomach than has been introduced into it by tube, the indication is—

Hour-glass Contraction

1202. Gaseous Test

On taking the two parts of a Seidlitz powder separately, a peculiar gurgling sound is heard below the xiphoid cartilage (not at the pylorus)

Hour-glass Contraction

1202a. Stomach Splash

The examination should be made at least four hours after a meal

Atony of Stomach

Dilatation of Stomach

Gastroptosis

Hour-glass Stomach

1203. Friction Sound

Rare; loudest over liver and spleen

Leukæmia, Splenic

Peritonitis

1204. Bell Sound

Distended Colon (x)

Enteric Fever (x)

When heard all over the abdomen it is said to indicate Perforation of the Bowel

PART VI

MISCELLANEOUS

CONTRACTIONS: s, sometimes; u, usually; x, exceptionally;
i, first stage; ii, second stage; iii, third stage; *, the most
probable or characteristic disease.

TIME AND SEASON

1205. Worse at Night

Acute Laryngitis
Asthma, Spasmodic
small hours
Bones, Diseases of
Diphtheritic Laryngitis
Spasmodic Laryngitis

Influenza
Joints, Diseases of
Rheumatism, Chronic
Renal Calculus
Syphilitic Pains
The temperature in fevers,
etc., is usually higher at
night

TIME OF YEAR (London Mortality)

1206. Winter, Prevalent in

Asthma
Bronchitis
Cerebro-spinal Menin-
gitis
Diphtheria
Enteric Fever

Erysipelas
Gout
Hooping Cough
Heart Disease
Laryngitis
Measles
Pleurisy
Pneumonia

1205-1206

WINTER—continued

Phthisis
Puerperal Septicæmia
Quinsy
Raynaud's Disease
Rheumatism
Variola

1207. Spring, Prevalent in

Asthma
Bronchitis
Gout
Laryngitis
Measles
Pneumonia
Purpura
Pleurisy
Phthisis
Scurvy
Variola

1208. Summer, Prevalent in

Cholera
Cholérine
Diarrhœa
Dysentery
Enteritis
Infantile Paralysis
Malta Fever
Tabes mesenterica
Weil's Disease

1209. Autumn, Prevalent in

Cholera
Cholérine
Dysentery
Diphtheria
Enteric Fever
Erysipelas
Heart Disease
Hooping Cough
Infantile Paralysis
Puerperal Fever
Quinsy
Rheumatism
Scarlatina
Weil's Disease

1210. Periodical Recurrence

Asthma, Spasmodic
Ague
Catalepsy (s)
Epilepsy
Intermittent, Pernicious
Menstrual Disorders
Migraine
Neuralgia
Pseudangina
Paroxysmal Hæmoglobinuria
Periodic Paralysis
Relapsing Fever

1206-1210

PROPAGATION

1211. By Epidemic

Asiatic Cholera
 Beri-beri
 Cerebro-spinal Meningitis
 Dengue
 Diphtheria
 Dysentery
 Enteric Fever
 Ergotism
 Erysipelas (x)
 Hooping Cough
 Infantile Paralysis (s)
 Influenza
 Mumps
 Measles
 Malta Fever
 Pneumonia, Acute (x)
 Plague
 Psittacosis
 Paroxysmal Hæmoglobinuria
 Relapsing Fever
 Roseola
 Rötheln
 Scarlatina
 Typhus
 Variola

Varicella

Yaws

1212. By Infection

Actinomycosis
 Dengue
 Diphtheria
 Enteric Fever
 Erysipelas
 Erythema Infectiosum
 Glandular Fever
 Hooping Cough
 Influenza
 Mumps
 Measles
 Plague
 Roseola
 Rötheln
 Scarlatina
 Tuberculosis
 Typhus
 Variola
 Varicella
 Yellow Fever
 Yaws

Also, according to some
 authorities, Acute Rheu-
 matism and Acute Pneu-
 monia

1211-1212

1213. By Contagion

Diphtheria
 Erysipelas
 Favus
 Farcy
 Glanders
 Gonorrhœa
 Hydrophobia
 from rabies
 Hospital Gangrene
 Impetigo contagiosa
 Leprosy
 slightly

Malignant Pustule
 Molluscum contagi-
 osum
 Porrigo
 children
 Purulent Ophthalmia
 Ringworm
 Syphilis
 Soft Sore
 Scabies
 Trachoma
 Yaws

1214. SCHOOL QUARANTINE**After Exposure to Infec-
tion**

Chicken-pox, 18 days
 Diphtheria, 12 days
 Hooping Cough, 21 days
 Measles, 16 days
 Mumps, 24 days
 Rötheln, 16 days
 Scarletina, 14 days
 Small-pox, 18 days

**After having an Infec-
tious Disease**

(The body and clothes
 having been disinfected)

Scarlatina

6 weeks from the disap-
 pearance of the rash if

there be no sore-throat
 or desquamation

Measles

3 weeks from the disap-
 pearance of the rash,
 if peeling and cough
 have ceased

Rötheln

2 to 3 weeks

**Small-pox and Chicken-
pox**

when every scab has fallen
 off

Hooping Cough

6 weeks at least from
 beginning of whoop,
 provided whoop and
 spasmodic cough have
 ceased

1213-1214

SCHOOL QUARANTINE—
continued

Diphtheria

3 weeks after convalescence, provided there be no albuminuria and no discharge from nose, ears, eyes, throat, etc.

(the bacillus is often found long after this)

Follicular Tonsillitis

5 days

Mumps

4 weeks from the commencement, if all swelling have subsided

1215. EXOTIC DISEASES, ETC.

(As regards England)

Ainhum

coloured races

Ankylostomiasis

India, Egypt, West Indies, etc.

Beri-beri

Bilharzia hæmatobia

Bothriocephalus latus

Switzerland, Italy, Baltic, etc.

Bualama Boil

Chigoe

Cretinism

Cerebro spinal Meningitis

Dubini's Chorea

Dengue

Dysentery

Distoma pulmonale

Elephantiasis Arabum

Gerlier's Disease

Switzerland

Hepatitis, Acute

Hepatic Abscess

Kala Azar

Lathyrism

Leprosy

Mycetoma

Nakra

Plague

Pernicious Intermittent

Paroxysmal Hæmoglobinuria

Pellagra

Italy

Pinta

Ponos

Remittent Fever

Sprue

Trachoma

Trypanosomiasis

Yaws

black races chiefly

Yellow Fever

1216. RARITY

The following diseases are so rare that they require strong confirmatory evidence for their diagnosis.

<p> Anthrax Acanthosis nigricans Acroparæsthesia Achondroplasia Aspergillosis Aortitis Aneurysm of Heart Aneurysm of Pulmonary Artery Actinomycosis Addison's Disease Adeno-lipomatosis, Symmetrical Atrophy of Brain Aortic Stenosis relatively to other valvular disease Acute Yellow Atrophy Atrophy of Kidneys, Acute Acromegaly Athetosis Abscess of Heart Amyotrophic Lateral Sclerosis Banti's Disease </p>	<p> Brown Induration of Lung Bell's Mania Buhl's Disease Caisson Disease Cardiac Apoplexy Cholangitis, Chronic Fibrous Catalepsy Chloroma Cirrhosis of Stomach Chyluria Dubini's Chorea Erythromelalgia Emphysema, Interlobular Encephalitis Erythema Infectiosum Friedreich's Disease Fat Embolism Facial Hemiatrophy or Hemihypertrophy Fibroid Disease of Heart Growth Fever Glanders </p>
--	--

RARITY—*continued*

Hydrophobia
 Hydatids (except of
 Liver
 Hæmophilia
 Hysteria (Male)
 Hereditary Cerebellar
 Ataxy
 Huntington's Chorea
 Intermentingeal Spinal
 Hæmorrhage
 Keloid
 Klumpke's Paralysis
 Kussmaul's Disease
 Landry's Paralysis
 Lymphadenoma
 Leukæmia
 Little's Disease
 Leontiasis Ossea
 Lipomatosis neurotica
 Landouzy's Paralysis
 Leprosy
 Lichen ruber
 Meralgia paræsthetica
 Morphæa
 Morton's Neuralgia
 Morvan's Disease
 Myasthenia Gravis
 Myxedema
 Myocarditis
 Mollities Ossium
 Myelitis, Acute
 Myositis ossificans
 Noma

Osteitis deformans
 Ophthalmoplegia
 Paratyphoid
 Periodic Paralysis
 Pharyngomycosis
 Pulmonary Valvular
 Disease
 acquired
 Psittacosis
 Peliosis rheumatica
 Polymyositis
 Pancreatic Affections
 except cancer
 Periarteritis nodosa
 Pyopericardium
 Pyopneumopericardium
 Pericardial Tuberculosis
 Post-pharyngeal
 Abscess
 Periproctitis
 Pseudo-hypertrophic
 Paralysis
 Recklinghausen's
 Disease
 Raynaud's Disease
 Spondylose rhizomé-
 lique
 Scapulo-humeral
 Paralysis
 Spasmus Nutans
 Spinal Apoplexy
 Siringomyelia
 Splenitis
 Stokes-Adams Disease
 Sclerodermia

RARITY—continued

Sclerema

Spinal Paralysis of
Adults, Acute

Thomsen's Disease

Trichinosis

Tooth's Paralysis

Tetany

Tricuspid Valvular
Disease

primary

Transposition of Viscera

Weil's Disease

Woillez's Disease

Winkel's Disease

And, in England, Exotic
Diseases (see 1215)The table of synonyms
explains the nature of
the less familiar diseases**1217. Symmetrical Lung
Diseases**Acute Miliary Tubercu-
losis

Bronchitis

Broncho-pneumonia

Bronchial Catarrh

Congestion, Hypostatic

Emphysema (v)

Edema

1218. Röntgen RaysThe fluorescent screen is
the more convenient form
Useful in diagnosing—

Aneurysms

Bronchial Glands,
Enlarged

Cervical Rib

Cavities, Lung

Coxa vara

Dilatation of Stomach
after bismuth

Displacements of Heart

Displacements of Liver

Dislocations

Effusion, Pericardial

Effusion, Pleural

Exostoses

Fractures

Gouty Deposits

Gangrene of Lung

Heart Enlargements

Impacted Foreign
Bodies

especially metal objects

Mediastinal Abscess

Oesophageal Pouch

Persistent Ductus

Botalli

Phthisis, i.

diminished diaphragmatic
movements

Pneumonia

Pneumothorax

Renal Calculus

often invisible

Tendon, Ruptured

Tumours, Solid

Vesical Calculus

1216-1218

RÖNTGEN RAYS—cont.

V-shaped Colon
after bismuth enema
Gallstones can rarely be
seen

1219. Radium Rays

These rays are visible in
cases of blindness due
solely to—

Corneal Opacity
Glaucoma

1220. Tuberculin Test

Not without danger, espe-
cially if the patient is
already feverish

If, 5 to 20 hours after
an injection, there is a
rise in temperature of 2°
to 3° F. and the physi-
cal signs are plainer, the
indication is

Tuberculosis

1221. Drug Diagnosis

Rapid amelioration under
treatment by iodide of
potassium points to

Syphilis

The effect of quinine on
Malaria is also used
sometimes for diagnostic
purposes

1222. Gastro-Diaphany

An electric glow-light at
the end of a stomach
tube is switched on in
a dark room when the
organ is entered. It is
used to distinguish Dila-
tation of the Stomach
from Gastroptosis

1222a. Negative Symptoms

The absence of a symptom
is sometimes as im-
portant as its presence.
Where this is the case,
a note will be found
under the appropriate
heading

1223. Compound or Generic Symptoms, with some of the conditions they include

Anæmia.—Pallor of skin and mucous membranes, pearly conjunctiva, waxy ears, breathlessness on exertion, palpitation, headache, amenorrhœa, and, sometimes, œdema pedum (see 325).

Collapse.—Pallor, cold sweats, pinched features (Facies Hippocratica), feeble action of heart, nearly imperceptible and rapid pulse, partial loss of consciousness (see 173).

Coma.—Loss of consciousness, insensible conjunctiva, stertorous breathing, flapping cheeks, altered pupils, involuntary evacuations, and usually a slow pulse (see 46).

Debility.—Weakness of limbs, shortness of breath on exertion, weak first sound of heart (see 171).

Dyspepsia.—Pain in stomach and back, flatulence, furred tongue.

Acute Dyspnœa.—Breath short, face wet and livid, countenance anxious, orthopnœa, *alæ nasi* dilating, speech interrupted (see 874).

Hectic.—High evening temperature, morning perspiration, red spot on cheek of otherwise pale face, eyes bright, mind clear, pulse rapid (see 229).

Hyperpyrexia.—Temperature over 106°, delirium, rapid dicrotous pulse (see 221).

Irritant-poisoning.—Vomiting, diarrhœa, pain and tenderness in epigastrium, collapse.

Jaundice.—Yellow skin and conjunctiva, dark urine, pale stools, slow pulse (see 331).

Meteorism and Tympanites.—Distended abdomen, displacement of heart, with rapid and perhaps irregular action, shortness of breath (see 1122).

Portal Obstruction.—Ascites with, later, œdema pedum; jaundice or earthy complexion, enlarged abdominal veins, hæmorrhoids.

Pyrexia.—Thirst, high temperature, rapid pulse, furred tongue, scanty high-coloured urine with sediment (see 219).

Typhic State.—Muttering delirium, stupor or coma-vigil, involuntary evacuations, subsultus tendinum, temperature 104° or more, passive congestion of lungs and skin of back, finally Cheyne-Stokes respiration (see 174).

1224. SYNONYMS

In a few cases the diseases here regarded as identical are looked upon by some writers as distinct entities.

Addison's Disease	= Asthenia Pigmentosa
Anterior Poliomyelitis	= Infantile Paralysis
Atrophic Spinal Paralysis, Acute	= Adult form of Infantile Paralysis
Banti's Disease	= { Splenomegaly with Anæmia
Barlow's Disease	= Infantile Scurvy
Bazin's Disease	= Erythema Induratum
Blackwater Fever	= { Paroxysmal Hæmoglo- binuria
Bright's Disease	= Nephritis
Bulbar Paralysis	= { Labio-Glosso-Laryngeal Paralysis
Buhl's Disease	= { Acute Fatty Degenera- tion
Caisson Disease	= Diver's Paralysis
Charcot's Disease	= { Amyotrophic Lateral Sclerosis
Cheiopompholyx	= Dysidrosis (T. Fox)
Cyanotic Kidney	= { Passive Congestion of Kidney
Cyanotic Liver	= Nutmeg Liver
Dercum's Disease	= { Adiposis Dolorosa Lipomatosis Neurotica

1224

Duchenne-Aran's Disease	=	Progressive Muscular Atrophy
Duhring's Disease	=	{ Hydroa Dermatitis Herpetiformis
Erb's Paralysis	=	{ Superior Brachial Plexus Paralysis
Fibrositis (Gowers)	=	{ 'The state of the fibrous tissue of the muscles which causes muscular and tendinous rheumatism and perineuritis'
Friedreich's Disease	=	{ Hereditary Ataxic Para- plegia
Gastritis	=	Gastric Catarrh
Glénard's Disease	=	Enteroptosis
†Graves's Disease	=	{ Basedow's Disease Exophthalmic Goitre Parry's Disease
Gilles de la Tournelle's Disease	}	= Spasmodic Tic
Hanot's Disease	=	{ Hypertrophic Biliary Cirrhosis
Heberden's Disease	=	Angina Pectoris
Henoch's Purpura	=	Gastro-arthritis Purpura
Hodgson's Disease	=	Dilatation of Aortic Arch
Hodgkin's Disease	=	Lymphadenoma
Infective Endocarditis	=	Malignant Endocarditis

† The honour of first describing Exophthalmic Goitre has been claimed for three modern physicians; but the conjunction of its two principal symptoms must have been familiar to the ancients. For, in the *Dictionnaire Etymologique* of Brachet, I find under Goitre the following illustration of the fact that *guttur*, from which the word is derived, came to mean goitre as well as throat. "Car on trouve son dérivé *guttur* dans Ulpian: '*Si quis natura gutturosus sit aut oculos eminentes habeat, sanus videtur.*'" Ulpian died A.D. 226, and although his opinion cannot now be endorsed, his statement is very interesting from an historical point of view.

Jaksch's Anæmia	= { Pseudoleukæmia Infantum
Klumpke's Paralysis	= { Inferior Brachial Plexus Paralysis
Korsakoff's Disease	= Psychosis Polyneuritica
Kussmaul's Disease	= Periarteritis Nodosa
Kaposi's Disease	= Xeroderma Pigmentosum
Kahler's Disease	= Multiple Myeloma
Landouzy-Déjérine's Paralysis	= Facio-Scapulo-Humeral Atrophy
Landry's Paralysis	= Acute Ascending Paralysis
Leptomeningitis	= Arachnoiditis
Little's Disease	= { Spastic Cerebral Paraplegia
Legal's Disease	= { Nasopharyngeal Headache
Lithæmia (Murchison)	= Uricæmia (Flint) That appalling Anglo-Greek hybrid, uricacidæmia, is unworthy of a learned profession and should be dropped
Marie's Disease	= { Pulmonary Osteo-arthritis
Marie's Disease	= { (also) Hereditary Cerebellar Ataxia
Menière's Disease	= Labyrinthine Disease
Morphæa	= { Circumscribed Sclerodermia
Morvan's Disease	= Syringomyelia (probably)
Morton's Disease	= Metatarsalgia
Miliaria Rubra	= Prickly Heat
Myasthenia Gravis	= Asthenic Bulbar Paralysis
Narcolepsy	= Sleeping Sickness
Neurasthenia	= Spinal Irritation
Osteo-Arthritis	= { Rheumatoid Arthritis Arthritis Deformans

Paget's Disease	= Osteitis Deformans
Paranoia	= Delusional Insanity
Parkinson's Disease	= Paralysis Agitans
Primary Spastic Paraplegia	= Spasmodic Spinal Paralysis
Pseudo-bulbar Paralysis	= 'Bilateral' Hemiplegia
Quinke's Disease	= Angeioneurotic Œdema
Raynaud's Disease	= Symmetrical Gangrene
Recklinghausen's Disease	= Pigmentary Fibromatosis
Ritter's Disease	= { Dermatitis Exfoliativa Neonatorum
Rigg's Disease	= Pyorrhœa Alveolaris
Schönlein's Disease	= Peliosis Rheumatica
Spinal Apoplexy	= Hæmatomyelia
Syringomyelia	= Hydorrhachis Interna
Thomsen's Disease	= Myotonia Congenita
Tooth's Paralysis	= { Hereditary Peronæal Atrophy
Uncinariasis	= Ankylostomiasis
Vincent's Angina	= { Membranous Pharyngitis (with Bacillus Fusiformis)
Weil's Disease	= Acute Infective Jaundice
Werlhof's Disease	= { Acute Purpura Hæmorrhagica
Woillez's Disease	= { Acute Idiopathic Pulmonary Congestion
Winkel's Disease	= Infantile Hæmoglobinuria

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